

# **EXHIBIT 9**

**Filed Redacted/Under Seal**

LD, DB, BW, RH v. United Healthcare Insurance Comp

Page 1

1 UNITED STATES DISTRICT COURT  
2 NORTHERN DISTRICT OF CALIFORNIA  
3 OAKLAND DIVISION  
4

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5 LD, DB, BW, RH, and CJ, on behalf of  
6 themselves and all others similarly situated,  
7 Plaintiffs,

8 v.

9 UNITED HEALTHCARE INSURANCE  
10 COMPANY, a Connecticut Corporation,  
11 UNITED BEHAVIORAL HEALTH, a  
12 California Corporation, and MULTIPLAN,  
13 INC., a New York Corporation,  
14 Defendants.  
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18 VIDEO-RECORDED REMOTE ZOOM VIDEOCONFERENCE

19 DEPOSITION OF JOLENE BRADLEY

20 Taken Wednesday, July 6, 2022

21 Scheduled for 9:00 a.m. (CDT)  
22  
23

24 REPORTED BY: DANA S. ANDERSON-LINNELL

25 Job No.: 5291049

1 VIDEO-RECORDED REMOTE ZOOM VIDEOCONFERENCE DEPOSITION  
2 OF JOLENE BRADLEY taken on Wednesday, July 6, 2022,  
3 commencing at 9:23 a.m. (CDT), via a REMOTE COUNSEL  
4 ZOOM PROCEEDING, before Dana S. Anderson-Linnell, a  
5 Stenographic Shorthand Reporter and Notary Public of  
6 and for the State of Minnesota.

7 \*\*\*\*\*

8  
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1 APPEARANCES (continued):

2

3 ALSO PRESENT: Brian Sack, Concierge

4 Dave Young, Videographer

5

6 NOTE: The original transcript will be filed with the  
7 DL Law Group, pursuant to the applicable Rules of  
8 Civil Procedure.

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5 Ms. Spielman 11

6 Mr. Crousillac 228

7 Ms. Blas 229

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9 INSTRUCTIONS NOT TO ANSWER: (None.)

10

11 PRODUCTION REQUESTS: (None.)

12

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5 (Original exhibits attached to original transcript;  
6 copies to counsel as requested.)

7

8 REPORTER'S NOTE: All quotations from exhibits are  
9 reflected in the manner in which they were read into  
10 the record and do not necessarily indicate an exact  
11 quote from the document.

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1 THE COURT REPORTER: Do all counsel  
2 stipulate that I may swear in the witness over  
3 the videoconference?

4 MS. SPIELMAN: Yes.

5 MS. BLAS: Yes.

6 MR. CROUSILLAC: Yes.

7 THE VIDEOGRAPHER: Good morning. We  
8 are going on the record at 9:23 a.m. on July 6,  
9 2022. Please note this deposition is being  
10 conducted virtually. Quality of recording  
11 depends on quality of camera and Internet  
12 connection of participants. What is seen from  
13 the witness and heard on the screen is what  
14 will be recorded. Audio and video recording  
15 will continue to take place unless all parties  
16 agree to go off the record.

17 This is media unit one of the  
18 video-recorded deposition of Jolene Bradley  
19 taken by counsel for the plaintiffs in the  
20 matter of LD, DB, BW, RH and CJ versus United  
21 Healthcare Insurance, et al. filed in the  
22 United States District Court, Northern District  
23 of California, Oakland Division, Case Number  
24 4:20-cv-02254-YGR.

25 My name is Dave Young. I'm the

1 videographer. Our court reporter is  
2 Dana Anderson. We are both representing  
3 Veritext Legal Solutions.

4 I am not related to any party in  
5 this action, nor am I financially interested in  
6 the outcome.

7 If there are any objections to this  
8 proceeding, please state them at the time of  
9 your appearance. Counsel and all attending  
10 remotely will now state their appearances and  
11 affiliations for the record beginning with the  
12 noticing attorney.

13 MS. SPIELMAN: Good morning. This  
14 is Katie Spielman for the plaintiffs. I'm  
15 joined by my colleague, David Lilienstein, and  
16 my co-counsel, Matt Lavin.

17 MS. BLAS: Good morning. Lauren  
18 Blas from Gibson, Dunn and Crutcher on behalf  
19 of the United defendants. With me are Matthew  
20 Aiken and Priya Datta.

21 MR. CROUSILLAC: Taylor Crousillac  
22 of Phelps Dunbar here today on behalf of the  
23 defendant MultiPlan, Inc. I believe I'm here  
24 by myself, yep.

25 THE VIDEOGRAPHER: And will the

1 court reporter please swear in the witness, and  
2 then we can proceed.

3 JOLENE BRADLEY,  
4 called as a witness, being first duly sworn,  
5 was examined and testified as follows:

6 EXAMINATION

7 BY MS. SPIELMAN:

8 Q. Good morning, Ms. Bradley. My name is  
9 Katie Spielman. I want to thank you for being  
10 here today and for agreeing to give your  
11 testimony today. I want to just go over a few  
12 ground rules and what to expect for today's  
13 deposition. And I'm sure your lawyer has  
14 talked to you about this a little bit already,  
15 and perhaps you have some experience giving  
16 your deposition, but just as a reminder, the  
17 court reporter is taking down everything that  
18 we say, and so, you know, even more important  
19 on Zoom that we not speak over each other and  
20 that we each wait for the other to finish what  
21 we're saying before beginning an answer and  
22 that you give your attorney an opportunity to  
23 interpose objections after my questions if she  
24 wishes to do so. Does that all make sense?

25 A. It does, yes.

1 Q. And then also because the court reporter  
2 is taking down everything that we say, it's  
3 important that you give verbal responses to  
4 questions rather than nodding your head or  
5 giving a mm-hmm, that you say yes or no or give  
6 some kind of a verbal response. Is that okay?

7 A. It is, yes.

8 Q. And, of course, if any of my questions are  
9 unclear or you don't understand, I'd be happy  
10 to rephrase or ask in a different way. Please  
11 just let me know if there's anything that you  
12 need clarification on or if you would like me  
13 to ask a question again, and I'll be happy to  
14 do that. Does that sound okay?

15 A. That sounds fine.

16 Q. Okay. I'll try to take breaks probably  
17 about every hour or hour and a half, but if you  
18 need a break sooner than that, I'm happy to do  
19 so, just I would ask that if a question is  
20 pending, you answer that question that has been  
21 asked before we take a break. Does that sound  
22 okay?

23 A. Yes, it does.

24 Q. And have you ever been deposed before?

25 A. I have.

1 Q. Approximately how many times?

2 A. Approximately five, six times.

3 Q. And when was the first time that you were  
4 deposed?

5 A. Oh, goodness, probably 20-plus years ago.

6 Q. And was that in connection with your  
7 professional life or your personal life?

8 A. Professional.

9 Q. And what was the nature of that case?

10 A. That was an insurance case, a denial of  
11 not medically necessary claim.

12 Q. Okay. And what was the next oldest  
13 deposition that you can remember participating  
14 in?

15 A. Oh, more recently probably within the last  
16 few years, three, four years maybe.

17 Q. And so you said approximately maybe five  
18 or six depositions where you've given  
19 testimony, is that right?

20 A. That's correct.

21 Q. So other than the one 20 years ago, were  
22 the rest of those depositions within the last  
23 three to five years?

24 A. Yes, they were.

25 Q. Okay. And were those depositions in the

1 last five or six years in your professional or  
2 personal capacity?

3 A. A combination, professional and personal.

4 Q. Okay. And what was the breakdown? How  
5 many of the depositions were personal and how  
6 many were in your professional capacity?

7 A. One of them was a personal matter. And  
8 the remainder were all professional.

9 Q. Okay. And what was the nature of the  
10 depositions where you were testifying in your  
11 professional capacity?

12 A. Where I was testifying in my professional  
13 capacity was with respect to insurance claims  
14 and the reimbursement of the insurance claims.

15 Q. And in those professional depositions,  
16 were you testifying as a corporate  
17 representative of United, or were you  
18 testifying in your individual capacity?

19 A. Both.

20 Q. Okay. And what were the names of those  
21 cases where you gave your depositions?

22 A. I don't know the exact formal name, but in  
23 a few of those it was TeamHealth versus United.  
24 Again, not exactly sure on the formal names of  
25 them.

1 Q. Okay. And was there another case besides  
2 the TeamHealth case?

3 A. It would have been just different payers,  
4 so TeamHealth versus United Oxford, you know,  
5 couple of our different portions of the company  
6 or parts of the company, but all TeamHealth  
7 related.

8 Q. Okay. And did those TeamHealth cases  
9 resolve?

10 A. Yes, I believe they have.

11 Q. And how did they -- how did they resolve?

12 THE WITNESS: I'm not --

13 MS. BLAS: Object to the extent it  
14 calls for a legal conclusion or speculation.

15 THE WITNESS: Yeah. Sorry, Lauren.  
16 I'm not certain on the outcome.

17 BY MS. SPIELMAN:

18 Q. Did you get any updates on the resolution  
19 of those TeamHealth cases?

20 MS. BLAS: Object to the extent it  
21 calls for any attorney-client privileged  
22 communications.

23 THE WITNESS: Specifically, no, I do  
24 not recall any communications with respect to  
25 the outcome.



1 BY MS. SPIELMAN:

2 Q. Okay. And then in terms of today's  
3 deposition, what have you done to prepare for  
4 today's deposition?

5 MS. BLAS: And, again, I'll just  
6 object to the extent it calls for any  
7 attorney-client communications.

8 But otherwise you can answer,  
9 Jolene.

10 THE WITNESS: Okay.

11 I did meet with counsel on a few  
12 different occasions regarding the preparation  
13 for today.

14 BY MS. SPIELMAN:

15 Q. And when did you meet with counsel? And,  
16 again, I don't want to -- I'm not asking about  
17 the content of any of your discussions with  
18 counsel, but rather the time frame when you met  
19 with your counsel.

20 A. In the past few weeks. We've had three to  
21 four meetings over the past few weeks.

22 Q. And how long did those meetings last?

23 A. One to three hours.

24 Q. And were they -- those meetings in person  
25 or virtual?

1 A. They were virtual.

2 Q. And I guess I should ask, you know: Where  
3 are you located today?

4 A. Today I'm located in Denmark, Wisconsin.

5 Q. Okay. And when you -- do you typically  
6 work based out of Denmark, Wisconsin?

7 A. I do, yes.

8 Q. And is there a United office located in  
9 Denmark?

10 A. No, there's not.

11 Q. Okay. So do you primarily work remotely  
12 then?

13 A. I do, yes.

14 Q. Okay. And these meetings with counsel to  
15 prepare for today's deposition, which counsel  
16 did you meet with?

17 A. Lauren, Matthew, Rachel -- I think  
18 primarily Lauren, Matthew, Rachel and Joanne.

19 Q. Okay. And other than your meetings with  
20 your lawyers, did you do anything else to  
21 prepare for today's deposition?

22 A. I had reviewed some of the documents that  
23 were in question with respect to the case,  
24 which were emails, some claim information. I  
25 think that was pretty much it.

1 Q. And what claim information did you review?

2 A. There were five members with claims that  
3 were included for each of the five members.  
4 And for those members, I did review some of the  
5 claim information that was provided in a data  
6 file.

7 Q. And were those five members the named  
8 plaintiffs in this case?

9 A. Yes.

10 Q. Okay. Did you speak with anyone other  
11 than your attorneys about today's deposition?

12 A. My team, a few of the individuals on my  
13 team, who also reviewed with me the claim  
14 information and claim data.

15 Q. And what individuals on your team did you  
16 speak with?

17 A. Tammy Klinger and September DaSilva.

18 Q. And what is Tammy Klinger's role?

19 A. Tammy Klinger is a manager over our  
20 appeals, department of insurance, legal,  
21 regulatory, consumer affairs team.

22 Q. And does she report to you?

23 A. She did. She now reports to one of my  
24 peers.

25 Q. Okay. When did that reporting structure

1 change happen?

2 A. Just in the last month.

3 Q. Okay. And did her role change also in the  
4 last month?

5 A. No. Same role --

6 Q. Okay.

7 A. -- just change in leadership.

8 Q. And then -- and who does she report to  
9 now?

10 A. Patricia Olson.

11 Q. Okay. Where is Ms. Olson located?

12 A. New Orleans.

13 Q. Okay. Is there a United office in New  
14 Orleans that she works out of?

15 A. Not that she works out of. She works  
16 remotely.

17 Q. Okay. And then you also mentioned meeting  
18 with or discussing the deposition with  
19 September DaSilva. What is -- is it Mr. or  
20 Mrs. DaSilva?

21 A. Mrs.

22 Q. Uh-huh.

23 A. She is a -- one of our appeals analysts  
24 who performs claims reviews for our team.

25 Q. Okay.

1 A. And she reports up to Ms. Klinger.

2 Q. And so has her reporting hierarchy now  
3 also shifted along with Ms. Klinger's to  
4 Patricia Olson?

5 A. Yes, it has.

6 Q. And what was the reason for that  
7 reorganization?

8 A. Just to -- Patty -- or Patricia Olson was  
9 promoted in her role. Patty reported to me and  
10 got promoted, so we split our team, and Patty  
11 took a portion of the team, and I kept the  
12 remainder.

13 Q. And when the split happened, was it based  
14 on function, or is it just kind of half and  
15 half?

16 A. It is based on function, but, you know,  
17 tried to divide it so we, you know, have  
18 comparable size teams.

19 Q. Okay. And what did you discuss with  
20 Ms. Klinger and Ms. DaSilva?

21 MS. BLAS: I'll just object to the  
22 extent there were attorneys present and it  
23 calls for any privileged communications.

24 THE WITNESS: We just reviewed the  
25 claim information that had been provided to us

1 and -- with respect to those five individuals  
2 to review how the claims processed and verify  
3 the processing was either the -- an  
4 out-of-network program similar to like the  
5 Viant R&C or if they were processed with some  
6 other claim remark codes which would indicate,  
7 you know, something other than our programs for  
8 out-of-network involved.

9 BY MS. SPIELMAN:

10 Q. Okay. And did either Ms. Klinger or  
11 Ms. DaSilva actually work on any of the  
12 plaintiffs' claims at the time they came in?

13 A. No.

14 MS. BLAS: Objection, vague.

15 BY MS. SPIELMAN:

16 Q. And did you speak with anyone at MultiPlan  
17 to prepare for today's deposition?

18 A. I did not.

19 Q. Did you speak with anyone at Viant to  
20 prepare for today's deposition?

21 A. I did not.

22 Q. And you are currently employed by  
23 UnitedHealthcare, is that correct?

24 A. Yes, that is correct.

25 Q. And do you know which specific United

1 entity is your employer?

2 A. UnitedHealth Group.

3 Q. Okay. And what's your job title?

4 A. My job title is the associate director of  
5 Out of Network Program Operations.

6 Q. And how long have you held that position?

7 A. Little over six years.

8 Q. What was your position prior to that?

9 A. Out of Network Program Operations manager.

10 Q. And so about six years you said. So that  
11 would be approximately 2016 that you were  
12 promoted to your current position, is that  
13 about right?

14 A. That's correct.

15 Q. 2015, 2016, somewhere around there?

16 A. Correct.

17 Q. Okay. And how did your job duties change  
18 when you were promoted approximately six years  
19 ago?

20 A. Similar responsibilities from the Out of  
21 Network Program Operations management side of  
22 it. It's just the team grew. We approximately  
23 doubled in size. So we added additional  
24 management leadership, and then I was promoted  
25 to associate director.

1 Q. And over what period of time did the  
2 department approximately double in size?

3 A. Between the 2015, 2017 range.

4 Q. Was there a reason for the size of the  
5 department doubling around that time?

6 A. We implemented a new program,  
7 out-of-network program called outlier cost  
8 management.

9 Q. And what is the name of the department  
10 that you work in?

11 A. Out of Network Program Operations.

12 Q. And does your department encompass both  
13 in-house and outside or third-party,  
14 out-of-network programs?

15 A. Yes, we do.

16 Q. And do you personally have responsibility  
17 for both in-house and outside or third-party,  
18 out-of-network programs?

19 MS. BLAS: Objection, vague.

20 THE WITNESS: With respect to the  
21 operations side of the out-of-network programs,  
22 my team would be responsible for anything  
23 operations related.

24 BY MS. SPIELMAN:

25 Q. And so would -- what does operations



1 related encompass?

2 A. So it could be anything from a -- we refer  
3 to, like, an issue or a complaint, a dispute or  
4 a formal written appeal, a regulatory,  
5 department of insurance-type complaint or  
6 pre-litigation, litigation-type review.

7 Q. And is there anything else that comes up  
8 from an operations standpoint?

9 A. Generally the pricing process is handled  
10 systematically, but if there is any questions  
11 regarding with how a claim priced, we also have  
12 one pricing individual that may review from an  
13 accurate or correct pricing standpoint.

14 Q. And when you say that pricing is generally  
15 handled systematically, what does that mean,  
16 "systematically"?

17 A. So the claims are priced by the system.  
18 An individual doesn't necessarily have to touch  
19 that claim in that first-pass pricing review.  
20 It will either go out to the vendor for pricing  
21 if it's a vended solution, or it will price  
22 internally with our internal programs via a  
23 system and not an individual.

24 Q. Okay. And so "systematically" sort of  
25 means there's an automated process that is

1 happening to generate the price?

2 A. Yes, that is correct.

3 Q. And so from an operations standpoint, your  
4 team would be involved in both internal and  
5 vended programs, is that fair to say?

6 A. That is correct.

7 Q. Can you describe in layperson terms your  
8 job duties?

9 A. Sure. So I'm responsible for oversight  
10 and management of the operations areas, so  
11 manual pricing, the issue dispute team and then  
12 formal written appeals team with any respect to  
13 any question on pricing of a claim, dispute  
14 from a provider or a member regarding any of  
15 the out-of-network programs, whether they're  
16 vended solutions or they are an internal priced  
17 claim from an out-of-network standpoint and  
18 then, as I previously mentioned, the department  
19 of insurance, regulatory, consumer affairs and  
20 any pre-lit or litigation-type case.

21 Q. And I think I missed a little bit of the  
22 first part of your answer. Did you say manual  
23 pricing?

24 A. Correct.

25 Q. What is manual pricing?

1 A. If there's a question with respect to how  
2 a claim priced within the system, they will  
3 refer it to -- an individual on our team will  
4 verify the accuracy of that pricing, whether --  
5 if it's a vended solution, we will reach out to  
6 the vendor to verify that. So it comes into us  
7 and someone is actually -- we refer to it as  
8 manually pricing. Someone's actually routing  
9 it to us to validate that that pricing was  
10 accurate either with the vendor or internally.

11 Q. Okay. And does that manual pricing  
12 process typically happen before any issue or  
13 complaint has arisen?

14 A. No, ma'am. It occurs -- that would occur  
15 if there's a dispute or a question with respect  
16 to that claim.

17 Q. Okay. And who do you report to?

18 A. Currently?

19 Q. Yes.

20 A. Currently I report to Siri. It's S-i-r-i,  
21 Maasch, M-a-a-s-c-h. She's my new leader.

22 Q. And when did that become effective that  
23 Ms. Maasch is your leader?

24 A. Within the last month.

25 Q. Was that part of the same reorganization

1 that you were telling me about earlier that  
2 affected Ms. Klinger?

3 A. Yes. Yes, it was.

4 Q. And so just as of the last month you're  
5 reporting to Ms. Maasch. Who did you report to  
6 prior to that?

7 A. Prior to that, I reported to Rebecca  
8 Paradise or Becky.

9 Q. And what is Ms. Maasch's title?

10 A. She's the vice president of Out of Network  
11 Program Operations.

12 Q. And what is Ms. Paradise's title?

13 A. Vice president of Out of Network Payment  
14 Strategy.

15 Q. And so Paradise is payment strategy. And  
16 Maasch you said is what again?

17 A. Out of Network Program Operations.

18 Q. Okay. And did Ms. Paradise's title change  
19 recently along with that reorganization that  
20 happened about a month ago, or has she held  
21 that title for some time?

22 A. No, I do not believe her title changed as  
23 a result of that reorg.

24 Q. And was out-of-network strategy -- has  
25 out-of-network strategy ever been a part of

1 your job duties?

2 MS. BLAS: Objection, vague.

3 THE WITNESS: No, the strategy  
4 component has not been part of my  
5 responsibilities. I had -- since my inception  
6 with -- the out-of-network programs has been  
7 more around the operations and the management  
8 of the operations staff.

9 BY MS. SPIELMAN:

10 Q. Okay. And you said you reported to  
11 Ms. Paradise for how long?

12 A. About six -- maybe six and a half years  
13 now.

14 Q. And does anyone report to you?

15 A. Yes. I do have one direct report  
16 currently. And just prior to that reorg I had  
17 three direct reports.

18 Q. And who is your current one direct report?

19 A. Paul Wanscki.

20 Q. How do you spell Wanscki?

21 A. W-a-n-c -- or s-c-k-i.

22 Q. And where is Mr. Wanscki located?

23 A. New York.

24 Q. What is his title?

25 A. He's a manager of Out of Network

1 Operations.

2 Q. And does anyone report to him?

3 A. Yes, he has a few direct reports.

4 Q. What are the roles of the people who  
5 report to Mr. Wanscki?

6 A. He has the operations team that manage  
7 dispute and balance billing reviews. He has  
8 training and quality.

9 Q. And what is your highest level of  
10 education?

11 A. I have a certification in medical  
12 assisting.

13 Q. And where is your --

14 A. Oh, I'm sorry. Go ahead.

15 Q. Sorry. I was going to ask: Where is the  
16 certification in medical assisting from?

17 A. From Green Bay, Wisconsin, the Northeast  
18 Wisconsin Technical College.

19 Q. Okay. And do you know any of the  
20 plaintiffs in this case personally?

21 A. I do not.

22 Q. Have you ever corresponded with any of  
23 them?

24 A. Not to my recollection. No, I would not  
25 have.

1 Q. Okay. And you don't remember personally  
2 handling any of their claims at any point?

3 A. No, I do not.

4 Q. I want to talk a little bit about the  
5 different departments at United. Are there  
6 other business partners or departments within  
7 United that you work with on a regular basis?

8 A. Yes. We have various different business  
9 partners that we work with -- I wouldn't say on  
10 a regular basis -- that we occasionally have  
11 meetings or discussions with.

12 Q. And what are those business partners or  
13 other departments at United that you would have  
14 occasional meetings with?

15 A. So -- I'm sorry. Were you done, Katie?

16 Q. Yeah.

17 A. I'm sorry. Okay.

18 Q. Yeah.

19 A. So the other business partners would be,  
20 like, our member and provider services team.  
21 So those are our call centers typically where  
22 we get work from. Our appeals team, our  
23 written appeals team and then our department of  
24 insurance pre-litigation, litigation team. So  
25 those business partners that generally route

1 work into our operations team are most often  
2 the areas which our team has any meetings or  
3 conversations with.

4 Q. And how often approximately are you  
5 meeting with those other departments?

6 A. They're not regular meetings. It would be  
7 more a situation if something -- if we had a  
8 new program or a policy change where we're  
9 talking about the change, making sure that  
10 those individuals have the right changes,  
11 understand the changes that need to be made to  
12 any policy and procedure so that when those new  
13 programs -- when the work starts coming in,  
14 that they know the correct routing and we're  
15 doing that in a timely fashion.

16 Q. Okay. And so is part of your work with  
17 these other departments then giving trainings  
18 on either new rollouts or changes to policies  
19 and procedures?

20 A. Yes, that is correct.

21 Q. Do you ever receive training from any of  
22 those other business partners?

23 A. Not formal training. We will, however,  
24 have them explain, you know, what the basis of  
25 some of their processes are so we make sure



1 that we tick and tie within our own processes,  
2 but not in the sense of a formal training.

3 Q. And are you familiar with a department at  
4 United called Healthcare Economics?

5 A. I am familiar with them, yes.

6 Q. What does the Healthcare Economics  
7 department do?

8 A. I'm not sure exactly of all the things  
9 they do, but the things that I have, you know,  
10 been involved in or seen are things like  
11 evaluation of cost trends and cost spend in  
12 specific markets, areas by provider specialties  
13 or service types. That's primarily what I've  
14 seen or been exposed to from a Healthcare  
15 Economics standpoint.

16 Q. And then are you aware of a department  
17 called Payment Integrity?

18 A. Yes, I am.

19 Q. What does the Payment Integrity department  
20 do at United?

21 A. Again, there I'm not certain on all of  
22 what their roles and responsibilities are. But  
23 my exposure to that team is they have certain  
24 reimbursement methods or policies that they  
25 establish from a payment standpoint that they

1 manage to with respect to claims coming in and,  
2 you know, ensuring that whatever edits they're  
3 creating for review of those claims are  
4 applying to claims that they've set up that  
5 process for and managing to whatever those  
6 reimbursement policies are that have been  
7 created.

8 Q. And would some of those reimbursement  
9 policies affect the out-of-network programs  
10 that you oversee?

11 MS. BLAS: Objection, vague.

12 THE WITNESS: When you say affect  
13 the policy -- reimbursement policies, what do  
14 you mean, Katie?

15 BY MS. SPIELMAN:

16 Q. Well, you said the Payment Integrity  
17 department -- their work involves setting  
18 reimbursement policies, is that correct?

19 A. Correct.

20 Q. And so do -- the reimbursement policies  
21 that the Payment Integrity team sets, does that  
22 from time to time impact the out-of-network  
23 programs that you oversee?

24 MS. BLAS: Objection, vague.

25 THE WITNESS: The goal of it should

1 not, but there are occasions where, you know,  
2 we do cross over. Again, it's ensuring that  
3 we're working with -- they're notifying us of  
4 any potential policy that they have that may  
5 affect the pricing of a claim, an  
6 out-of-network claim. And if there is, we  
7 should be having conversation or discussing  
8 those policies before they implement.

9 BY MS. SPIELMAN:

10 Q. Can you think of an example of a  
11 reimbursement policy from the Payment Integrity  
12 team that necessitated that kind of a meeting  
13 or discussion with your out-of-network group?

14 A. I know there were sometimes when they had  
15 created some reimbursement policies that did  
16 cross over to out-of-network reimbursement  
17 where they were reimbursing some claims at --  
18 at a percent of CMS, I think -- I believe it  
19 was a percent of CMS where the plan itself was  
20 not set up to have a percent of CMS. And  
21 therefore they were, like, pricing a claim.  
22 And which is not typically something their team  
23 is responsible to do. That pricing is normally  
24 done by out-of-network programs. And so that  
25 would be a situation where that may have

1 occurred.

2 Q. Okay. And when you say "CMS," does that  
3 stand for Centers for Medicare and Medicaid  
4 Services?

5 A. Yes, it does.

6 Q. What about the affordability department,  
7 are you familiar with the affordability  
8 department at United, or is there an  
9 affordability department?

10 A. I don't know if there's a department,  
11 Katie. I hear, you know, reference to  
12 affordability from a meeting standpoint.  
13 Whether there's an actual department for  
14 affordability, I'm not aware of an actual  
15 department.

16 Q. Okay. Do you know what the term  
17 "affordability" refers to within United?

18 MS. BLAS: Objection, vague.

19 THE WITNESS: Yeah. From my  
20 standpoint, personally as it applies to medical  
21 claim reimbursement, to me, affordability means  
22 ensuring that, you know, we're paying something  
23 that is fair and reasonable and in accordance  
24 to the member's policies.

25 BY MS. SPIELMAN:

1 Q. Okay. And then are you familiar with the  
2 term "Polaris"?

3 A. Yes, I am.

4 Q. What is Polaris?

5 A. Polaris is a reference to a system that --  
6 a new system that we began using for our Oxford  
7 business.

8 Q. And what is your Oxford business?

9 A. Oxford is an affiliate of  
10 UnitedHealthcare.

11 Q. Is it -- so what does Oxford do?

12 A. There's a health plan. It's, you know,  
13 offering medical insurance as well. It's just  
14 processed on a different platform. And this  
15 Polaris tool would be the platform that they  
16 move that business to.

17 Q. And does Oxford generally cover, you know,  
18 a particular geographic area or, you know, how  
19 is Oxford delineated?

20 A. Yes. So Oxford would be more primarily in  
21 the northeast states.

22 Q. Okay. And is there a reason that it has a  
23 different platform?

24 A. They were moving off the existing platform  
25 and Polaris was the platform of choice that

1 they chose to move that to.

2 Q. Okay. Are there particular platforms or  
3 computer systems that you regularly use in the  
4 Out of Network department?

5 A. In the Out of Network Operations, we  
6 primarily have responsibility over the UNET --

7 Q. Uh-huh.

8 A. -- for UnitedHealthcare claims. And then  
9 the Oxford business that we manage to is on  
10 the -- Legacy was the Pulse, and now they've  
11 moved to the Polaris system.

12 Q. I want to talk to you about some sort of  
13 terms that I've seen in some of the documents.  
14 One of them is key account. What does key  
15 account mean within United?

16 A. It's the type of account that that group  
17 is based upon the size.

18 Q. And what about national account?

19 A. Similar. It's just those are typically  
20 your larger accounts that span over the  
21 national area.

22 Q. Is there a dividing line between a key  
23 account and a national account?

24 A. There is. I don't know the size based off  
25 the top of my head or what the criteria are to

1 establish each of those account types.

2 Q. Okay. And do you have familiarity with  
3 the term -- the terms "fully insured" and  
4 "self-funded" in the context of insurance?

5 A. Yes, I do.

6 Q. And what is your understanding of fully  
7 insured versus self-funded within the insurance  
8 context?

9 A. So fully insured is a contract or a policy  
10 where UHC, UnitedHealthcare, has the financial  
11 responsibility for those claims, and then the  
12 self-funded side where the group or the  
13 customer has the responsibility to fund the  
14 claims.

15 Q. And so what other terminology is used to  
16 describe self-funded types of plans with  
17 United?

18 A. ASO.

19 Q. ASO?

20 A. ASO, yes.

21 Q. And what does that stand for?

22 A. You know, I don't know off the top of my  
23 head because we just always use the acronym.

24 Q. There's a lot of acronyms in this world.

25 A. There are.

1 Q. Would administrative services only  
2 sound --

3 A. Yes, that does sound correct.

4 Q. And can a -- key account or a national  
5 account, can they be either fully insured or  
6 ASO, self-funded?

7 A. They can, yes.

8 Q. Do you know what category Apple would fall  
9 into?

10 MS. BLAS: Objection, vague.

11 THE WITNESS: Yeah. I believe Apple  
12 is an ASO customer.

13 BY MS. SPIELMAN:

14 Q. Okay. And do you know if they would be a  
15 key account or a national account or something  
16 else?

17 MS. BLAS: Objection, calls for  
18 speculation, lacks foundation.

19 THE WITNESS: I'm uncertain off the  
20 top of my head what they are. I'd have to look  
21 at them as a setup to verify for sure.

22 BY MS. SPIELMAN:

23 Q. Okay. You said in your role you're  
24 responsible for managing the network programs.  
25 Can you describe for me, you know, the



1 difference between out of network and in  
2 network?

3 MS. BLAS: Objection, vague.

4 THE WITNESS: Sure. So from my  
5 understanding, the differences of -- or in  
6 network is any claim where a member sought  
7 treatment from an in-network or  
8 UnitedHealthcare participating provider and  
9 that claim was processed as a participating  
10 provider claim. And if it's out of network, it  
11 would be the member sought treatment from an  
12 out-of-network provider who is not part of our  
13 UnitedHealth network, and therefore the claims  
14 are processed as out of network per that member  
15 or group's plan.

16 BY MS. SPIELMAN:

17 Q. And are there other terms within United  
18 that you use to refer to out-of-network and  
19 in-network claims or providers?

20 A. Yes, there are.

21 Q. What are they?

22 A. So could be nonpar, meaning out of  
23 network, or par, meaning in network,  
24 nonparticipating or participating. I think  
25 those are the biggest two that are referenced.

1 Q. And what is the process by which United  
2 determines how much to pay claims for its  
3 members who have seen out-of-network healthcare  
4 providers?

5 MS. BLAS: Objection, vague, lacks  
6 foundation.

7 [REDACTED]

8 [REDACTED]

9 [REDACTED]

10 [REDACTED]

11 [REDACTED]

12 [REDACTED]

13 [REDACTED]

14 [REDACTED]

15 [REDACTED]

16 [REDACTED]

17 [REDACTED]

18 [REDACTED]

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MS. BLAS: Objection, vague.

MS. BLAS: Objection to the extent

1 it calls for speculation.

2 Go ahead.

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13 MS. BLAS: Objection, vague.

14 Sorry.

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23 BY MS. SPIELMAN:

24 Q. And how long does the -- are you familiar

25 with the facility R&C program or facility

1 reasonable and customary program?

2 A. Yes, I am.

3 Q. And what is the facility reasonable and  
4 customary program?

5 A. Facility reasonable and customary is a  
6 program that United contracts with Viant or  
7 MultiPlan to price claims using their  
8 proprietary pricing tool, Viant facility R&C  
9 pricing.

10 [REDACTED]  
[REDACTED]  
[REDACTED]

13 MS. BLAS: Objection to the extent  
14 it calls for speculation.

15 [REDACTED]  
[REDACTED]  
[REDACTED]  
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Q. Okay. And backing up a little bit. Do you have an understanding of what an allowable amount or eligible expense is?

A. Yes, I do.

Q. And what is -- are those terms sort of interchangeable to you or do you distinguish between them?

A. They are used interchangeably. And I understand them to be the same, one in the same.

Q. Okay. So what is an allowable amount or an eligible expense?

A. It's typically defined by our policies and how we determine that allowable or eligible expense. And usually it is whatever program that might apply to that claim for an out-of-network provider claim.

Q. So the allowable amount or eligible expense is dependent upon the out-of-network program that applies to it?

A. That applies to that particular member

1 claim or that the group elected to determine  
2 allowed amounts for out-of-network provider  
3 claims, yes.

4 Q. And so how do you determine, you know,  
5 which programs are going to apply to a  
6 particular member to determine the allowable  
7 amount on a claim?

8 A. That's based upon what the group would  
9 elect for reimbursement for out-of-network  
10 claims. At the point of sale they would elect  
11 whatever programs they want to apply for  
12 out-of-network benefits under their plan.

13 [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

17 MS. BLAS: Objection, vague.

18 Go ahead.

19 [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
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MS. BLAS: Objection, vague.

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BY MS. SPIELMAN:

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Q. And when you say "SPD," do you have an

13

understanding of what that acronym stands for?

14

A. Yes. Sorry. Summary plan description.

15

Q. Okay. And so would the summary plan

16

description or certificate of coverage reflect

17

which, you know, programs that the client plan

18

had elected for out-of-network expenses?

19

MS. BLAS: Objection, vague.

20

THE WITNESS: It -- the summary plan

21

description or the COC is going to have

22

language which would support how that allowable

23

or eligible amount is determined. It may not

24

specifically reference a program name.

25

BY MS. SPIELMAN:



1 Q. And so, for example, with the facility  
2 reasonable and customary program, how would  
3 the -- you know, how would that program be  
4 reflected in the SPD and the certificate of  
5 coverage?

6 MS. BLAS: Objection, vague.

7 THE WITNESS: So it's going to have  
8 language which would describe more of  
9 determining the allowed or eligible amount  
10 based upon a reasonable amount in a geo ZIP  
11 code area, something to that effect, but it's  
12 under the definition of out-of-network  
13 reimbursement and for out-of-network providers.

14 BY MS. SPIELMAN:

15 Q. Okay. So for plans that have elected the  
16 facility R&C program, their SPD or certificate  
17 of coverage should have language that states  
18 something along the lines of a reasonable  
19 charge for a geographic ZIP code, is that fair  
20 to say?

21 MS. BLAS: Objection, vague,  
22 mischaracterizes the documents.

23 THE WITNESS: Yes, something with  
24 respect to that type of language. As far as  
25 the exact terminology, we'd have to look at a

1 COC or SPD.

2 BY MS. SPIELMAN:

3 Q. Okay. Would the COC or SPD say the word  
4 "Viant" anywhere in the eligible expense  
5 section for out of network?

6 A. I'm not sure if a -- an ASO, SPD may  
7 reference the program, but typically we do not.  
8 It's more of that eligible expense definition  
9 we talked about, not the specific program name.

10 Q. And then would the SPD or certificate of  
11 coverage mention facility reasonable and  
12 customary in the eligible expense language for  
13 out of network?

14 A. No, it typically would not. There may be  
15 some self-funded groups that do establish their  
16 own language that may call that out. I'm not  
17 aware of any. But typically it's more general  
18 or broad to cover both the facility R&C as well  
19 as the professional R&C.

20 Q. Okay. And you mentioned facility R&C  
21 versus professional R&C. How do you  
22 distinguish between those two programs?

23 MS. BLAS: Objection, vague.

24 THE WITNESS: So the facility R&C is  
25 for facility claims only, and it is the program

1       that we have contracted with MultiPlan to  
2       access their proprietary pricing program called  
3       Viant R&C where physician R&C is a program that  
4       United purchases data directly from FAIR Health  
5       and loads that into our claim processing system  
6       to price claims systematically that are  
7       professional claims, so billed by a  
8       professional using a CPT or HCPCS code.

9       BY MS. SPIELMAN:

10      Q.     And why does the facility R&C program not  
11      draw data from the FAIR Health database in the  
12      same manner that the professional R&C program  
13      does?

14               MS. BLAS:   Objection, assumes facts,  
15      lacks foundation, calls for speculation.

16               THE WITNESS:   So I'm not certain --  
17      the Viant R&C, when we -- my understanding is  
18      when we contracted with MultiPlan for this  
19      program years ago, that the similar component  
20      to FAIR Health for facility claims was not  
21      available.   They did not have a similar  
22      component to price facility claims, and  
23      therefore we contracted with Viant to utilize  
24      their proprietary pricing method.

25      BY MS. SPIELMAN:

1 Q. And when you say "similar component," what  
2 are you referring to?

3 A. For facility. So they have modules or  
4 components for their pricing programs and that  
5 they did not have a partner for facility like  
6 they do their physician component.

7 Q. When you say "they," you're referring to  
8 FAIR Health?

9 A. FAIR Health, correct.

10 Q. Do you know if FAIR Health currently has  
11 components for facility-based billing codes?

12 MS. BLAS: Objection, calls for  
13 speculation.

14 THE WITNESS: It's my understanding  
15 that they do offer facility now, some type of  
16 facility pricing component.

17 BY MS. SPIELMAN:

18 Q. And how long has FAIR Health offered  
19 facility pricing to your knowledge?

20 A. I'm not aware of how long they may have  
21 had it.

22 Q. Have you ever discussed moving the  
23 facility R&C program over to FAIR Health to  
24 sort of be consistent with the professional R&C  
25 program?

1 MS. BLAS: Objection, vague, calls  
2 for speculation, lacks foundation.

3 THE WITNESS: I've been made aware  
4 that there have been discussions more recently  
5 about FAIR Health having a data file for  
6 facility based upon allowed amounts, and  
7 therefore different than their current  
8 physician module, which is based upon charge  
9 data.

10 BY MS. SPIELMAN:

11 Q. And what was the nature of those recent  
12 discussions about FAIR Health's data for  
13 facility pricing?

14 MS. BLAS: Objection, vague.

15 THE WITNESS: Primarily just the  
16 availability now of that tool for FAIR Health  
17 that has a facility component to it that is  
18 based upon not charge-based data, so what a  
19 facility charges, but based upon allowed data,  
20 allowed or eligible like we would refer to it  
21 in our terminology, but basically just that the  
22 data now exists and that is fairly new.

23 BY MS. SPIELMAN:

24 Q. And who was part of those discussions?

25 A. That was within our leadership group, my

1 leadership group prior to moving to Siri, so  
2 Becky Paradise, Ray Lopez and some of my other  
3 peers.

4 Q. Was anyone from MultiPlan a part of those  
5 discussions?

6 A. No, they were not.

7 Q. To your knowledge, has anyone at United  
8 had any discussions with MultiPlan regarding  
9 the availability of this facility-type data  
10 from FAIR Health?

11 A. That I would not --

12 MS. BLAS: Objection, calls for  
13 speculation.

14 Sorry.

15 THE WITNESS: Sorry.

16 That I would not be aware of.

17 MS. SPIELMAN: I'd like to mark an  
18 exhibit now. And I'm going to try to bring it  
19 in myself. So if I just click it and introduce  
20 exhibit.

21 MR. SACK: You don't have to have  
22 all those zeros there. You can customize it  
23 any way you like. You can put a name on there.  
24 You have some options.

25 MS. SPIELMAN: Okay.

1 MR. SACK: I like to get rid of the  
2 zeros.

3 MS. SPIELMAN: All right. I will  
4 add the stamp. Can I move the stamp?

5 MR. SACK: Yes, you can. You have  
6 to kind of click on it first and then --

7 MS. SPIELMAN: Okay.

8 MR. SACK: You can make it bigger or  
9 smaller. You can...

10 MS. SPIELMAN: I think I've done it  
11 now. So we're doing the screen share approach.

12 MR. SACK: I'm going to download it  
13 and put it in my presentation software. It  
14 will just be a second. Stand by. Is everyone  
15 able to see that?

16 MS. SPIELMAN: I can see it.

17 THE WITNESS: I can see it.

18 MR. SACK: Okay.

19 (Exhibit Number 1 marked for  
20 identification.)

21 BY MS. SPIELMAN:

22 Q. So, Ms. Bradley, this is a document that's  
23 been marked as Exhibit 1. It's Bates numbered  
24 UHC 35816. Have you ever seen this document  
25 before?

1 A. (Views document.) I've seen a similar  
2 document, but this one does not look familiar  
3 to me.

4 Q. And when you say you've seen a similar  
5 document -- can you just describe what this  
6 document is that we're looking at?

7 A. So it is a depiction of an out-of-network  
8 claim and how that claim can pay at two  
9 different benefit levels, the in-network  
10 benefit level or the out-of-network benefit  
11 level. So the in on the left-hand side of the  
12 page, the out-of-network benefit level on the  
13 right-hand side of the page, and then what --  
14 typically what programs could apply under that  
15 benefit level that goes into each of the  
16 different programs that may apply. What's  
17 different to me is I see some little notations  
18 of charge-backs on here, no charge-backs or  
19 charge -- I'm not familiar with that commentary  
20 in the version that I have seen.

21 [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



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[REDACTED]

[REDACTED]

Q. Okay. Does this flowchart to you appear to accurately depict the sort of hierarchy of when a claim comes in how the out-of-network pricing program might be determined?

MS. BLAS: Objection, vague.

THE WITNESS: So yeah, based upon the benefit level of a claim is typically how we would apply each of those programs that are noted there. So, yes, that would appear to be that what it -- that is what this document is calling out in the flow of which programs may apply.

BY MS. SPIELMAN:

Q. Okay. And in general what types of out-of-network claims are paid at the in-network benefit level?

A. So those would be your emergency situations where -- typically where a member does not have a choice to elect a UnitedHealthcare participating provider or providers, such as radiologists, anesthesiologists, pathologists, lab or ER docs in a network facility where the member goes to

1 a network facility believing that they picked  
2 the right provider to have their claims covered  
3 as in network, and then they later find out  
4 that those provider types may be out of  
5 network. So those we would automatically pay  
6 at the network level of benefit because the  
7 member had no choice and ensuring that we're  
8 paying it similarly to how we would pay a  
9 network provider claim.

10 Q. Okay. And then on the other side, on the  
11 right side of the flowchart, what types of  
12 claims generally are paid at the out-of-network  
13 benefit level -- or what types of  
14 out-of-network claims, I should say, are  
15 generally paid at the out-of-network benefit  
16 level?

17 A. These would be situations where the member  
18 chose to go to that particular specialist or,  
19 as it notes here, like, an ambulatory surgery  
20 center, they know that they're not contracted  
21 or a facility, or even an urgent care where  
22 it's not quite an emergency, they have time to  
23 make a choice of where to go and they choose to  
24 go to an out-of-network provider.

25 Q. And so in the case of these claims routed

1 on the right side of the flowchart paid at the  
2 out-of-network benefit level, is there a  
3 possibility that the member would be balance  
4 billed in that situation by the provider?

5 MS. BLAS: Objection, vague.

6 THE WITNESS: Yes, they may be  
7 balance billed by the provider.

8 BY MS. SPIELMAN:

9 Q. And why is that?

10 MS. BLAS: Objection, calls for  
11 speculation.

12 THE WITNESS: So dependent on the  
13 programs, if you have a program such as the  
14 Viant R&C or a FAIR Health R&C that isn't a  
15 contractual arrangement like the shared savings  
16 program or fee negotiation, the provider does  
17 have the right to balance bill the member  
18 anything over what UnitedHealthcare didn't deem  
19 to be eligible or allowed.

20 BY MS. SPIELMAN:

21 Q. And you see down towards the bottom --  
22 well, at the very bottom really is the R&C  
23 facility and then R&C professional. What does  
24 R&C refer to in that context?

25 A. Reasonable and customary.

1 Q. And what does reasonable and customary  
2 mean in the -- in your understanding within  
3 United?

4 MS. BLAS: Objection, vague, calls  
5 for speculation.

6 THE WITNESS: So in my  
7 understanding, reasonable and customary would  
8 mean a method in which we would have a program  
9 to determine a reasonable reimbursement amount  
10 for an out-of-network provider claim.

11 BY MS. SPIELMAN:

12 Q. And how is the reasonable and customary  
13 reimbursement amount determined? What is it  
14 based on?

15 MS. BLAS: Objection, vague.

16 THE WITNESS: So in this case if  
17 you're referring to either of those two  
18 programs, the facility or the professional R&C,  
19 it would be determined based upon that  
20 particular program. So for the facility R&C,  
21 it would be the Viant determined allowed amount  
22 is what we would determine to be the reasonable  
23 and customary reimbursement, or if it's a  
24 professional claim, it would be the FAIR Health  
25 determined allowed amount for those services,

1       that claim.

2       BY MS. SPIELMAN:

3       Q.     And for the facility R&C, what data is  
4       used to generate that reasonable and customary  
5       amount?

6               MS. BLAS:   Objection, calls for  
7       speculation.

8               THE WITNESS:   I'm not familiar with  
9       exactly how -- the details of how claims are  
10      priced with Viant R&C.   We send them over to  
11      Viant to have them price it using their  
12      program, and what they return to us is what we  
13      rely upon as the reasonable and customary rate  
14      to reimburse that claim with.

15      BY MS. SPIELMAN:

16      Q.     And what data goes into Viant's program to  
17      generate that reasonable and customary amount?

18              MS. BLAS:   Objection, asked and  
19      answered, calls for speculation, lacks  
20      foundation.

21              THE WITNESS:   I'm not certain of the  
22      details that go into that to determine, you  
23      know, all the different components they use to  
24      determine what's reasonable.

25      BY MS. SPIELMAN:

1 Q. Do you know in a general sense any of the  
2 components that Viant uses to determine what's  
3 reasonable?

4 MS. BLAS: Objection, asked and  
5 answered.

6 THE WITNESS: I'm not familiar with  
7 those details of how they price the claim.

8 BY MS. SPIELMAN:

9 Q. Are you familiar, you know, even not at  
10 the detailed level but just generally what they  
11 use to generate that reasonable amount?

12 MS. BLAS: Same objection.

13 THE WITNESS: Generally, I  
14 understand there's a geo ZIP code factor, but  
15 that's about all I know from the Viant R&C  
16 program standpoint.

17 BY MS. SPIELMAN:

18 Q. Okay. And do you know if that geo ZIP  
19 factor would be -- would factor into every type  
20 of service that -- you know, every type of sort  
21 of billing code through the Viant program?

22 MS. BLAS: Objection, vague, calls  
23 for speculation.

24 THE WITNESS: That I do not know.

25 BY MS. SPIELMAN:

1 Q. Do you know if the geo ZIP factor would  
2 factor into determining the reasonable amount  
3 for intensive outpatient substance use services  
4 through Viant?

5 MS. BLAS: Same objection.

6 THE WITNESS: I'm not sure. I'm not  
7 aware of that.

8 BY MS. SPIELMAN:

9 Q. Are there other people within United who  
10 are aware of the details of what data goes into  
11 Viant's pricing program?

12 MS. BLAS: Objection, calls for  
13 speculation.

14 THE WITNESS: There may be. I'm not  
15 certain what -- to what detail level they know  
16 or understand of how Viant prices it. As I  
17 mentioned, you know, we contract with them to  
18 do the pricing piece and, you know, believe  
19 that they're working on our behalf to ensure  
20 that what they're pricing is in accordance with  
21 their tool and is what's reasonable and  
22 customary.

23 BY MS. SPIELMAN:

24 Q. Is it important to United that the prices  
25 that Viant is generating are, in fact,

1 reasonable and customary?

2 MS. BLAS: Objection, vague, calls  
3 for speculation.

4 THE WITNESS: Yes, it is important  
5 to United that what we're reimbursing for our  
6 customers and our members is what is  
7 reasonable.

8 BY MS. SPIELMAN:

9 Q. And then why is that important to United?

10 A. Because it's our responsibility to ensure  
11 that we reimbursed according to their plans  
12 what is reasonable and ensure that we're doing  
13 our part to manage total cost of care for all  
14 of the claims we process for our members and  
15 our customers.

16 Q. And what steps are you aware of that are  
17 taken within United to ensure that Viant's  
18 pricing tool does generate reasonable prices  
19 for out-of-network services?

20 MS. BLAS: Objection, vague, calls  
21 for speculation, misstates testimony.

22 THE WITNESS: I'm not aware of what  
23 those steps are to verify with Viant in their  
24 R&C pricing tool. That's not part of my  
25 operations responsibility.



BY MS. SPIELMAN:

Q. Are you aware of another department or individual at United who does have that responsibility?

A. I'm not aware of who might have that responsibility.

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BY MS. SPIELMAN:

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Q. Approximately how long ago?

16

A. I'm guessing probably 18, 20 years ago.

17

Don't know for sure.

18

Q. Were you working at United at the time

19

that the -- United's contract with Viant first

20

began?

21

A. No.

22

MS. BLAS: Objection, lack of

23

foundation.

24

THE WITNESS: At United, but not on

25

this team or department.

1 BY MS. SPIELMAN:

2 Q. And other than the Viant or facility R&C  
3 program, what other programs or platforms has  
4 United used since, say, 2015 for out-of-network  
5 pricing?

6 A. With MultiPlan, or just in general?

7 Q. In general.

8 A. So from a MultiPlan vended solutions  
9 standpoint, we utilize the shared savings  
10 that -- Viant R&C. We also access their --  
11 what we refer to as the outlier cost management  
12 program, which uses Data iSight pricing. And  
13 then internally we have both MNRP as reflected  
14 in this document, which is a reimbursement  
15 based upon a percent markup of CMS or Medicare.  
16 And then ENRP, which is also a percent markup  
17 of Medicare.

18 Q. And are the MNRP and ENRP vended solutions  
19 or in-house solutions?

20 A. Both of those are in-house pricing  
21 solutions.

22 Q. And the shared savings program, is that  
23 vended or in-house?

24 A. That would be a vended solution.

25 Q. Is that also through MultiPlan?

1 A. That is correct.

2 Q. And Viant R&C, is your understanding that  
3 Viant is a subsidiary of MultiPlan?

4 A. Yes.

5 Q. And then you mentioned that outlier cost  
6 management or Data iSight is a MultiPlan  
7 solution as well?

8 A. That is correct.

9 Q. And would that Data iSight program be the  
10 one that's used to price professional --  
11 professional out-of-network claims?

12 A. It could be either professional or  
13 facility claims.

14 Q. Okay. So other than shared savings,  
15 facility R&C, outlier cost management/Data  
16 iSight, MNRP and ENRP, are there other -- any  
17 other programs United has used since 2015 for  
18 out-of-network pricing?

19 A. That actually price the claim, no. That  
20 would cover off on the programs used to price  
21 the claims.

22 Q. Are there any other programs that are  
23 used -- that have been used by United since  
24 2015 -- at any time since 2015 to determine an  
25 eligible expense for an out-of-network claim?

1 A. No. These programs would be the ones that  
2 would be utilized to price any claim since 2015  
3 if the client elects them.

4 Q. Okay.

5 MS. SPIELMAN: I want to introduce  
6 another exhibit, please, so bear with me. It  
7 should be uploading.

8 (Exhibit Number 2 marked for  
9 identification.)

10 BY MS. SPIELMAN:

11 Q. So are you able to see the document marked  
12 Exhibit 2 on your screen now?

13 A. (Views document.) Yes, I can.

14 Q. And have you ever seen this document  
15 before?

16 A. The format looks familiar. I have seen  
17 documents such as this. And it looks like I am  
18 noted as an attendee. So yes, I'm sure I did.  
19 It's just some time ago.

20 Q. Yeah. And then -- yeah, I see your name  
21 is in the recipient box there on this. It

22 [REDACTED]  
[REDACTED]  
[REDACTED]  
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BY MS. SPIELMAN:

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Q. I want to ask about some of the people in

23

this email or in this meeting. The message is

24

sent from Mark Edwards. Are you familiar with

25

Mark Edwards?



1 A. Yes, I am.

2 Q. And who is he?

3 A. Mark would be the client manager for  
4 United. He's from MultiPlan. And he's one of  
5 our direct go-tos for any questions, concerns  
6 and covers off on the client management  
7 perspective.

8 Q. Is Mark Edwards your main contact at  
9 MultiPlan?

10 A. Yes, he is.

11 Q. Has he always been your main contact at  
12 MultiPlan?

13 A. Prior to Mark there was another individual  
14 that would have been our direct contact.

15 Q. Do you remember that person's name?

16 A. Emma Johnson.

17 Q. Okay. And when did Emma Johnson stop  
18 being your main contact?

19 A. Oh, I think Mark has been in that role  
20 probably four to six years.

21 Q. And is there anyone else currently who  
22 you're in regular contact with at MultiPlan?

23 A. Tina Smith --

24 MS. BLAS: Objection, misstates  
25 testimony.

1 Sorry. Go ahead.

2 THE WITNESS: Tina Smith would be  
3 our other contact.

4 BY MS. SPIELMAN:

5 Q. And do you know Mr. Edwards' and  
6 Ms. Smith's titles?

7 A. I do not.

8 Q. Okay. And then there's a Ray Lopez on  
9 this recipient list. Who is Ray Lopez?

10 A. Ray Lopez is a UnitedHealthcare employee.  
11 He works -- he's a peer of mine, works in  
12 out-of-network programs as the program manager.

13 Q. And what about Lisa LaMaster?

14 A. Lisa also was a peer of mine. She's no  
15 longer with UnitedHealthcare. And her role  
16 was -- she had oversight to those key and  
17 national accounts, ASO accounts.

18 Q. And do you know where Lisa is now?

19 A. I do not.

20 Q. How long ago did she leave United?

21 A. I would say two to three years now she's  
22 been gone.

23 Q. And why did -- do you know why she left?

24 A. I do not.

25 THE VIDEOGRAPHER: Excuse me. We've

1 got about five minutes left on this media.

2 MS. SPIELMAN: Okay. We can take a  
3 break now if that's a good time for everyone  
4 and come back in a few minutes to get a new  
5 disc started.

6 THE VIDEOGRAPHER: We are going off  
7 the record.

8 Time now is 10:47.

9 (Off the record 10:47 to 10:57.)

10 THE VIDEOGRAPHER: We are back on  
11 the record. This is the start of media  
12 number 2.

13 The time is 10:57.

14 BY MS. SPIELMAN:

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16

17 regarding the governance meeting. And I was  
18 just going through some of the people on this  
19 meeting. I think Patricia Olson we already  
20 talked about earlier. Who is Kelly Valentine?

21 A. Kelly Valentine was a peer of mine for a  
22 short time, has been gone from the organization  
23 for quite a while, probably four or five years.

24 Q. And did she ever report to you, or was she  
25 in more of a peer role?

1 A. She was a peer to me.

2 Q. What was her title?

3 A. I do not recall.

4 Q. Did you work with her?

5 A. A very, very short time.

6 Q. Okay. How long approximately?

7 A. Maybe four to six months.

8 Q. Okay. And do you know how long she had  
9 been involved in the out-of-network team prior  
10 to that?

11 A. I do not recall.

12 Q. Okay. Is she knowledgeable about the  
13 MultiPlan/Viant out-of-network programs?

14 MS. BLAS: Objection, vague.

15 THE WITNESS: I would say -- I would  
16 say not specifically the -- all of the  
17 different out-of-network programs. I think she  
18 was -- she did more of a project-type role, not  
19 as involved with the out-of-network programs.

20 BY MS. SPIELMAN:

21 Q. Okay. Do you know what her project role  
22 entails?

23 A. I don't know specifically what she all  
24 managed from a project standpoint. She came  
25 over to our team and was here for a very short

1 time, so I didn't have a lot of interaction  
2 with her.

3 Q. Okay. And then what about Terry Smith?  
4 Who's Terry Smith?

5 A. Terry Smith is a peer of mine as well.  
6 She has oversight to the system side of  
7 out-of-network programs, so the IT components.

8 Q. Okay. And then over on the MultiPlan  
9 side, who is Jacqueline Kienzle?

10 A. Jacqueline is, again, like a client  
11 executive for us. I don't know her exact  
12 title. But she would be more on the client  
13 executive side.

14 Q. Okay. And Kim Dugan?

15 A. Kim Dugan has responsibility for what we  
16 refer to as the affiliates. So, like, Oxford  
17 and any other affiliate United would have, Kim  
18 would have oversight to them from a client  
19 manager. So she would be a peer to Mark  
20 Edwards, I believe.

21 Q. Okay. And what about Robb Butler?

22 A. Robb was an associate, like, client  
23 management role.

24 Q. Is he not with MultiPlan anymore?

25 A. That I don't know, if he moved to another



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BY MS. SPIELMAN:

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Q. And when that percentile changed, was that percentile change communicated to United clients?

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MS. BLAS: Objection, lacks foundation.

14

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THE WITNESS: That I'm not aware of. I would not have oversight or responsibility to do that client communication.

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18

BY MS. SPIELMAN:

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Q. And so you -- neither you nor anyone on your team communicated to any of United's clients regarding a change in percentile, is that correct?

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A. That is correct.

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Q. And who at United would have responsibility for communicating any changes to



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[REDACTED]

[REDACTED]

A. As I personally understand it, you know, it would be various departments, including our Healthcare Economics team, Out of Network Payment Strategy, the -- likely the underwriting team and our key and national account leadership. There may be others, but that's who I would feel would at least be in a discussion regarding that change.

Q. And when the Viant facility R&C percentile changes, does that apply across the board to all United clients who've elected the Viant R&C program?

MS. BLAS: Objection, vague, lacks foundation.

THE WITNESS: Yes. My understanding is the percentile is applied across as UnitedHealthcare as Viant's client and across all of our customer base.

BY MS. SPIELMAN:

Q. And do the customers vote or have any input on changing that Viant facility R&C percentile?

MS. BLAS: Objection, lacks

1 foundation.

2 THE WITNESS: They may have that  
3 opportunity. I don't know. I'm -- that's not  
4 part of my operations team's responsibility.

5 BY MS. SPIELMAN:

6 Q. Okay. Do you know what other operation  
7 team might be responsible for getting input  
8 from United clients regarding changes in the  
9 facility R&C percentile?

10 A. I think that would be more of the Payment  
11 Strategy team under Becky.

12 Q. Okay. Would you agree that from a client  
13 perspective that would be a pretty material  
14 change to them if their out-of-network eligible  
15 expense amount is going to be adjusted  
16 downward?

17 MS. BLAS: Objection, vague, assumes  
18 facts, calls for speculation, lacks foundation.

19 THE WITNESS: It's generally pretty  
20 seamless to the customer and the client unless  
21 there is a dispute regarding the reimbursement  
22 and the manner in which this program works and  
23 the fact that there is advocacy. If a provider  
24 does not agree to the reimbursement amount or a  
25 member gets balance billed, it's -- you know,

1 it's pretty seamless to a member or a client.

2 BY MS. SPIELMAN:

3 Q. But we were looking at that flowchart  
4 earlier. And I believe you testified that  
5 members can be subject to balance billing under  
6 the facility R&C program, correct?

7 A. That is correct.

8 Q. And so do you think that from a United  
9 customer or client perspective they would care  
10 if the percentile applied to determining their  
11 eligible expenses is going to be adjusted  
12 downward?

13 MS. BLAS: Objection, vague, calls  
14 for speculation.

15 THE WITNESS: Personally, yes, I  
16 think they would care because it's in our best  
17 interest to ensure, again, we are paying what  
18 is reasonable for this customer and doing our  
19 part to control total cost of care. And,  
20 again, our goal is to ensure we're paying a  
21 provider a reasonable amount and, you know,  
22 making sure that for a group we're paying a  
23 reasonable amount. And, again, this Viant R&C  
24 program has advocacy. So while a member may be  
25 balance billed, the manner in which the program



1 works is that if they have the advocacy -- or  
2 if they do get balance billed, the advocacy  
3 will help support that with outreach and  
4 education to that provider.

5 BY MS. SPIELMAN:

6 Q. And what type of outreach and education is  
7 provided to the provider?

8 A. So the Viant team will outreach to the  
9 provider if a member is being balance billed  
10 and will educate them on how they derived at  
11 that allowed amount. And in most instances,  
12 when that occurs, a provider stops balance  
13 billing at that point once they've received  
14 that education and supporting information of  
15 how Viant has come to that allowed amount.

16 Q. And what does that education consist of in  
17 terms of how did they come to the allowed  
18 amount?

19 MS. BLAS: Objection to the extent  
20 it calls for speculation or it was asked and  
21 answered.

22 THE WITNESS: The details of how  
23 that occurs, Katie, I'm not sure of what all  
24 goes into that discussion and what they share  
25 with the provider. From the back end side that

1 we see from the operations team, it's when we  
2 send those balance billing cases over or defer  
3 them to Viant per what it indicates on their  
4 EOB. Most of those cases are resolved with  
5 just the education and don't even go on to --  
6 further to a negotiation.

7 BY MS. SPIELMAN:

8 Q. And have you ever listened to one of those  
9 education calls?

10 A. I have not personally, no.

11 Q. Are you curious about how Viant derives  
12 its eligible allowed amount?

13 MS. BLAS: Objection, vague.

14 THE WITNESS: You know, we  
15 contract -- United contracts with them  
16 specifically to do the service for us. They're  
17 the experts. And we leave that role and  
18 responsibility up to Viant and their team to  
19 support and defend how they've derived at those  
20 allowed amounts.

21 BY MS. SPIELMAN:

22 Q. Okay. And does either United or Viant  
23 provide any of that education regarding  
24 deriving the allowed amounts to United's  
25 customers or clients?

1 MS. BLAS: Objection, asked and  
2 answered.

3 THE WITNESS: The client  
4 specifically, I'm not aware of situations where  
5 that information is specifically shared. If  
6 they asked, it wouldn't be to my operations  
7 team. It would, you know, likely be someone  
8 else in the organization like that payment  
9 strategy team to, you know, help support  
10 whatever questions they may have around that  
11 and engage MultiPlan/Viant as necessary.

12 BY MS. SPIELMAN:

13 Q. Does United use Viant for all types of  
14 out-of-network facility claims?

15 MS. BLAS: Objection, vague.

16 THE WITNESS: When you say all types  
17 of Viant facility, do you mean inpatient and  
18 outpatient, or what types of claims are you  
19 referring to?

20 BY MS. SPIELMAN:

21 Q. Well, I guess for all types of service  
22 codes. So any kind of a HCPC or a CPT code  
23 that would come in out of network, does United  
24 use Viant for all of those types of services?

25 A. HCPCS and CPT codes are typically

1 professional claims, so wouldn't be -- wouldn't  
2 fall under that Viant facility R&C program.  
3 It's my understanding it's any facility claim,  
4 whether inpatient or outpatient, could be  
5 priced by Viant.

6 Q. And are you familiar with the H0015  
7 billing code?

8 A. Off the top of my head, no, I'm not.

9 Q. No. Okay. What about H0018?

10 A. Seems like it's all in the same category.  
11 I don't know those off the top of my head.

12 Q. Okay. Do you know whether those are the  
13 types of billing codes that would be priced by  
14 Viant?

15 MS. BLAS: Objection, calls for  
16 speculation, lacks foundation.

17 THE WITNESS: So if billed on an  
18 outpatient facility claim, they're -- you know,  
19 they may be able to be priced. But typically  
20 those HCPCS or CPT codes are billed on a  
21 professional claim. If they are billing them  
22 on a facility claim, I have seen where the  
23 HCPCS or CPT codes are included in the pricing  
24 for the facility.

25 BY MS. SPIELMAN:

1 Q. And so are there certain types of facility  
2 claims that do not get priced by Viant as a  
3 matter of rule?

4 A. I'm not aware of any specific exclusions  
5 of claim types that don't get priced by Viant.

6 Q. Would Viant price both inpatient and  
7 outpatient facility-based claims?

8 A. Yes, that is my understanding, both  
9 inpatient and outpatient facility claims can be  
10 priced by Viant.

11 Q. So can Viant price residential treatment  
12 center claims?

13 MS. BLAS: Objection, calls for  
14 speculation, vague.

15 THE WITNESS: Yes, Viant can price.  
16 If it's billed on a facility claim, it is my  
17 understanding they can price a claim even if  
18 it's residential treatment center.

19 BY MS. SPIELMAN:

20 Q. And can Viant price intensive outpatient  
21 claims?

22 MS. BLAS: Objection, vague, calls  
23 for speculation.

24 THE WITNESS: Yes, it's my  
25 understanding that if it's billed on a facility

1 claim, they can price any of those service  
2 types.

3 BY MS. SPIELMAN:

4 Q. And how long has United used Viant?

5 A. Viant was in play when I came into the  
6 team, so probably longer than 16 -- 15,  
7 16 years.

8 Q. And do you know why United started using  
9 Viant?

10 MS. BLAS: Objection, calls for  
11 speculation, lacks foundation.

12 THE WITNESS: My understanding was  
13 that the FAIR Health R&C tool that we purchased  
14 from FAIR Health did not have a comparable  
15 facility pricing component to it, therefore we  
16 contracted with MultiPlan to access their Viant  
17 facility R&C program.

18 BY MS. SPIELMAN:

19 Q. And so now that FAIR Health does have the  
20 facility-based component, do you know why  
21 United continues to use Viant?

22 MS. BLAS: Objection, calls for  
23 speculation, lacks foundation, asked and  
24 answered.

25 THE WITNESS: Yeah, so the Viant R&C

1 program is -- you know, it's very reputable.  
2 It's been around for a very long time. You  
3 know, it's -- they do a great job. As far as  
4 pricing those claims in a quick turnaround time  
5 for us, we have very little noise with this  
6 program, not a lot of disputes. And those  
7 disputes that we do get, typically the  
8 education on the advocacy component on the back  
9 end helps these members to, you know, resolve  
10 any questions or concerns with respect to  
11 balance billing. And, you know, it's generally  
12 a very quiet program, well known in the  
13 industry, I would say.

14 BY MS. SPIELMAN:

15 Q. And so have you been happy with the job  
16 that Viant has done for you?

17 A. Yes.

18 MS. BLAS: Objection, vague.

19 THE WITNESS: Yes. Overall, the  
20 Viant program, you know, like I said, it's --  
21 operationally, great turnaround times. Viant  
22 and team support any questions and concerns.  
23 As far as the operational components of the  
24 program that my team has to deal with, very  
25 satisfied.

1 BY MS. SPIELMAN:

2 Q. Are there any -- and from a nonoperational  
3 standpoint, are you happy with the job that  
4 Viant has done?

5 MS. BLAS: Objection, vague, lacks  
6 foundation.

7 THE WITNESS: Anything specific  
8 you're referring to? Nonoperational?

9 BY MS. SPIELMAN:

10 Q. No. Just in general. I mean, you sort of  
11 said from an operational standpoint everything  
12 is running smoothly and you've been happy with  
13 the job that Viant has done. So just looking  
14 more broadly, have you been satisfied and happy  
15 with the job Viant has done?

16 MS. BLAS: Same objection.

17 THE WITNESS: Yeah. So the majority  
18 of the contact for me is operational, always  
19 revolves around a specific claim situation or a  
20 question. And with respect to that, yes, very  
21 satisfied.

22 BY MS. SPIELMAN:

23 Q. Have you had any problems or issues with  
24 Viant?

25 MS. BLAS: Objection, vague.



1 THE WITNESS: I wouldn't say  
2 problems or issues. I mean, if there's any  
3 questions that we have specific to a claim or a  
4 case, and we work directly with their teams to  
5 resolve them, that resolution happens very  
6 quickly. You know, their pricing of the claims  
7 first pass that all happen systematically, we  
8 have not had any questions or concerns around  
9 that process, just very quiet program.

10 MS. SPIELMAN: I'd like to pull up  
11 another exhibit. It should be up soon.

12 (Exhibit Number 3 marked for  
13 identification.)

14 BY MS. SPIELMAN:

15 Q. Ms. Bradley, are you able to see the  
16 document that's been marked on the screen  
17 there?

18 A. (Views document.) Yes, I can.

19 Q. Have you ever seen this document before?

20 A. Let me just take a peek. (Views  
21 document.) So was there something prior to the  
22 Bridget Benincasa? Okay.

23 Q. Are you able to scroll?

24 MR. SACK: I scrolled to the last  
25 page for her.

1 MS. SPIELMAN: Okay.

2 MR. SACK: It's a three-page  
3 document. This is the last page. Let me know  
4 when you would like to go to the follow-up  
5 emails. There's the second page.

6 THE WITNESS: Oh, can you flip back  
7 to the first row quick?

8 MR. SACK: This is the last page,  
9 yeah.

10 THE WITNESS: Or the last. Yeah.  
11 I'm sorry.

12 MR. SACK: It's the first email, but  
13 it's the last page of the document.

14 THE WITNESS: (Views document.)  
15 Okay. If you can go to the next one. (Views  
16 document.) Okay. You can flip to the next  
17 page. (Views document.) Okay. Is that the  
18 very top then?

19 MR. SACK: Yes, it is.

20 THE WITNESS: This is Sarah  
21 Peterson's. Okay.

22 BY MS. SPIELMAN:

23 Q. Okay, Ms. Bradley. So do you recognize  
24 this email string?

25 A. I don't recall it specifically just

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1      reading the document itself, so...
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2 Q. Can you tell us what it is?

[illegible]

22 MS. BLAS: Objection to the extent  
23 it misstates the document.

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[REDACTED]

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13 MS. BLAS: Objection, calls for  
14 speculation.

15 [REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

23 BY MS. SPIELMAN:

24 Q. Are you aware of in-house tools that  
25 Oxford was using in this 2016 time frame to

1 generate UCR pricing?

2 A. I do recall other situations where they  
3 were actually using FAIR Health to price  
4 facility claims that had HCPCS or CPT codes on  
5 them and -- which was inaccurate because the  
6 facility billed services, although they have  
7 CPT or HCPCS codes on them, represent something  
8 totally different than a professionally billed  
9 CPT or HCPCS code.

10 Q. And so help me understand that. So you're  
11 saying that a facility HCPC code can be sent  
12 with the same numbers and digits as a  
13 professional HCPC code, but it's a totally  
14 different service?

15 MS. BLAS: Objection to the extent  
16 it misstates testimony.

17 THE WITNESS: Not that it's a  
18 different service, but the FAIR Health pricing  
19 tool that would have been utilized to determine  
20 a price based upon the use of those HCPCS and  
21 CPT codes on a facility claim will get you the  
22 eligible or allowed amount for a professional  
23 service. So, for example, if you price a  
24 professional surgeon's claim, say, for an  
25 appendectomy, removal of appendix, that allowed

1 amount is for what the surgeon did to remove  
2 those [sic] appendix. If you receive a  
3 professional -- or excuse me, a facility bill  
4 for the facility services for that same  
5 surgery, those services, although there may be  
6 a CPT or HCPCS code on that facility claim, are  
7 not for the surgeon's services. So if you use  
8 that priced amount, you're using the surgeon's  
9 eligible or allowed amount, not the facility  
10 eligible or allowed amount.

11 BY MS. SPIELMAN:

12 Q. Okay. Okay. And then this --

13 MS. SPIELMAN: If you can scroll to  
14 the final page of the exhibit, please.

15 BY MS. SPIELMAN:

16 Q. This screenshot of this computer system  
17 here, what is that system?

18 MS. BLAS: Objection to the extent  
19 it calls for speculation.

20 Is it possible to zoom in a little?  
21 Thank you.

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[REDACTED]

[REDACTED]

[REDACTED]

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MS. SPIELMAN: I want to mark  
another exhibit, please. We can take that one  
down.

(Exhibit Number 4 marked for  
identification.)

MS. SPIELMAN: This one is kind of  
longer, so we might want to email a copy to  
Ms. Bradley. It's 21 pages.

MR. SACK: Okay. So mark it, and  
then I'll email it to her.

MS. SPIELMAN: Okay.

MR. SACK: Could someone please put  
her email address in the chat? Downloading it  
now.

MS. BLAS: Is this going to be in  
Exhibit Share also or --

MR. SACK: Yes, it will. Yes, it  
will. I'm just taking care of emailing the  
witness right now.

MS. BLAS: Yes. Yes. Thank you.

MR. SACK: Okay. Yeah. And please

1 refresh your email browser, please.

2 So it is in Exhibit Share now, so it  
3 is available to everyone, but I'm going to be  
4 screen sharing momentarily.

5 Can you let us know when you have  
6 the exhibit, Ms. Bradley?

7 THE WITNESS: Nothing yet.

8 BY MS. SPIELMAN:

9 Q. Is it coming yet?

10 A. No.

11 Q. Well, I -- is it okay if we take -- if we  
12 go off the record for a couple minutes?

13 THE WITNESS: I'm fine with that.

14 THE VIDEOGRAPHER: We are going off  
15 the record.

16 Time now is 11:38.

17 (Off the record 11:38 to 11:48.)

18 THE VIDEOGRAPHER: We are back on  
19 the record. This is the start of media  
20 number 3.

21 The time is 11:48.

22 MS. SPIELMAN: Okay. Thanks  
23 everyone for working through that technical  
24 issue.

25 BY MS. SPIELMAN:





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[REDACTED].

Q. And the other person that I see here on  
the second page of this Exhibit 4 is Cathy  
Ackerman?

A. Yes.

Q. Who is Cathy Ackerman?

A. Cathy Ackerman is a peer of mine.

Q. And what is her title?

A. Associate director, Out of Network  
Programs.

Q. And do you work with her regularly?

A. Yes, I do.

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[REDACTED]

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MS. BLAS: Objection, vague.

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[REDACTED]

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BY MS. SPIELMAN:

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[REDACTED]

[REDACTED]

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MS. BLAS: Objection, vague, lacks

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foundation, calls for speculation.

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BY MS. SPIELMAN:

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[REDACTED].

Q. Okay. I want to turn now to the Bates  
page 16514 in Exhibit 4, please.

MS. BLAS: Do you mean 41, Katie?

MS. SPIELMAN: Yes.

MS. BLAS: Thanks.

MS. SPIELMAN: 16541.

THE WITNESS: I have arrived at that  
page.

BY MS. SPIELMAN:

Q. Okay. My question is about the fourth  
bullet -- or my first question is about the  
fourth bullet under the Fully Insured section.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1 MS. BLAS: Objection, vague, lacks  
2 foundation.

3 But you can answer.

[illegible]

14 MS. BLAS: Objection, calls for  
15 speculation.

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MS. BLAS: Objection, calls for speculation.

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MS. BLAS: Objection, relevance,

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calls for speculation.

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MS. BLAS: Objection, vague, assumes

facts.

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[REDACTED]

MS. BLAS: Objection to the extent  
it misstates testimony.

But you can answer.

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[REDACTED]

MS. BLAS: Objection to the --

[illegible]

BY MS. SPIELMAN:

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MS. BLAS: Objection, vague.

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4	MS. BLAS: Objection, vague.
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L0	MS. BLAS: Same objections.
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MS. BLAS: Objection, calls for

speculation, calls for expert testimony.

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[REDACTED]

MS. BLAS: Objection, vague, lacks



1 foundation, calls for speculation.

2 [REDACTED]

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MS. BLAS: Objection, vague, asked  
and answered.

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MS. BLAS: Objection, asked and answered, lacks foundation.

MS. BLAS: Objection, vague, lacks foundation, calls for speculation.

MS. SPIELMAN: I'm going to pull up another exhibit.

MR. SACK: Downloading it now.

MS. SPIELMAN: What's that?

MR. SACK: I'm downloading it now.

(Exhibit Number 5 marked for identification.)

BY MS. SPIELMAN:

Q. Ms. Bradley, you should be able to see a document on your screen that's been marked as

1 Exhibit 5. It begins at Bates UHC 16759. Can  
2 you see that?

3 A. (Views document.) Yeah.

4 THE WITNESS: Can we blow it up a  
5 little bit?

6 MR. SACK: Do you want me to go to  
7 the beginning of the email chain like we did  
8 before?

9 THE WITNESS: Please, if you could.

10 MR. SACK: Try and find the  
11 beginning of this one. This is the first  
12 email.

13 THE WITNESS: Okay. Can you go back  
14 to that bottom part? Just up a little bit.  
15 Sorry. I was finishing those last two  
16 paragraphs there. Up just a little bit more.  
17 There we go. Okay. You can go up further.  
18 Okay. Okay.

19 MR. SACK: That's it.

20 BY MS. SPIELMAN:

21 Q. Okay, Ms. Bradley. Now that you've had a  
22 chance to review the document marked as  
23 Exhibit 5, do you recognize this document?

24 A. I don't recall it. So long ago.

25

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	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]

16 [REDACTED]

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24 MS. BLAS: Objection, calls for  
25 speculation, lacks foundation.

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MS. BLAS: Objection, asked and

answered.

Go ahead.

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MS. BLAS: Objection, vague, calls  
for speculation, lacks foundation.

[REDACTED]

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MS. BLAS: Objection, calls for  
speculation.

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[REDACTED]

[REDACTED]

MS. SPIELMAN: I want to pull up

another exhibit, please.

(Exhibit Number 6 marked for

identification.)

BY MS. SPIELMAN:

Q. Okay. Do you see Exhibit 6 up on your  
screen now beginning with Bates --

A. (Views document.) Yes, I do.

Q. Sorry. Beginning with Bates UHC 30972?

A. I don't see the Bates number on the  
screen, but Exhibit 6. Oh, there we go. Yep.

1 Q. And take a minute to kind of scan through  
2 it and let me know if you recognize the  
3 document.

4 [REDACTED]

[REDACTED]

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MS. BLAS: [Unintelligible].

15

THE COURT REPORTER: Was there an

16

objection there?

17

MS. BLAS: Objection, vague.

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MS. BLAS: Objection, vague.

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[REDACTED]

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MS. BLAS: [Unintelligible].

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THE WITNESS: I'm sorry, Lauren.

11

MS. BLAS: Go ahead.

12

THE COURT REPORTER: I didn't hear

13

your objection, though, Lauren.

14

MS. BLAS: Objection, vague.

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[REDACTED]

5 MS. BLAS: Objection to the extent

6 it calls for speculation or lacks foundation.

7 [REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

15 MS. BLAS: Objection, asked and

16 answered, lacks foundation.

17 [REDACTED]

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[Redacted]
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[Redacted]

19 MR. SACK: Sure thing.

21 Q. And since it is a longer document, do you  
22 have a preference of whether you'd like to  
23 break for lunch now or later?

25 Q. Okay. Let's push ahead.

1 (Exhibit Number 7 marked for  
2 identification.)

3 MR. SACK: Has it been uploaded?

4 MS. SPIELMAN: It's loading. It's  
5 38 pages.

6 MR. SACK: All right. Ms. Bradley,  
7 which email that I used worked for you?

8 THE WITNESS: Let me look over at  
9 that doc. The one with the middle initial.

10 MR. SACK: Okay. Just hit Send now.  
11 So give it a second.

12 THE WITNESS: In this case, like,  
13 three minutes?

14 MR. SACK: Yeah.

15 MS. SPIELMAN: Do you want to go off  
16 the record while we wait for the document to  
17 come through?

18 THE WITNESS: I'm fine with that.

19 MS. SPIELMAN: Okay.

20 THE VIDEOGRAPHER: We are going off  
21 the record.

22 Time now is 12:38.

23 (Off the record 12:38 to 12:46.)

24 THE VIDEOGRAPHER: We are back on  
25 the record. This is the start of media

1 number 4.

2 The time is 12:46.

3 BY MS. SPIELMAN:

4 Q. All right, Ms. Bradley. I've marked an  
5 exhibit, Exhibit Number 7. It's a PowerPoint  
6 presentation beginning at 187828. Do you have  
7 that in your email now or up in front of you?

8 A. (Views document.) I do have 18 -- or  
9 Exhibit 7 starting with 828 -- 829?

10 Q. The first page should be 187828, the cover

11

12

13 A. Oh, yes, it is. Sorry.

14 Q. Okay.

15 A. Let me do this bigger.

16 Q. And do you recognize this document?

17 A. I do.

18 Q. And what is it?

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1 Q. And who is John Haben?

2 A. John Haben would have been who Becky  
3 Paradise reported to.

4 Q. Does she still report to John Haben?

5 A. No. John is no longer with the  
6 organization.

7 Q. Oh. Do you know where he is now?

8 A. I believe he's retired.

9 Q. Okay. Who does Becky report to now?

10 A. Michael Wentzien.

11 Q. Okay. How long has she been reporting to  
12 him?

13 A. For, I think, like, since the beginning of  
14 the year or shortly thereafter.

15 Q. When did Mr. Haben retire?

16 A. About a year ago, maybe a little over a  
17 year ago.

18 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

MS. BLAS: Objection, vague, lacks  
foundation, calls for speculation.

You can answer.

[REDACTED]

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MS. BLAS: Objection, vague, calls  
for speculation.

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MS. BLAS: Objection, calls for speculation.

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[REDACTED]

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MS. BLAS: Objection, foundation, calls for speculation.

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[REDACTED]

MS. BLAS: Objection, vague.

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MS. BLAS: Objection, calls for  
speculation, lacks foundation.

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MS. BLAS: Objection, misstates

testimony.

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[REDACTED]

MS. BLAS: Objection, lacks

foundation.

BY MS. SPIELMAN:

Q. Okay. Will you turn, please, to page 187844? I think it's page 17 of the presentation.

MS. BLAS: Katie, would you mind if we took a break after you're done with this document?

MS. SPIELMAN: That's fine. Yeah.

MS. BLAS: Thanks.

MS. SPIELMAN: It's a long document, but I'm not really asking about very many pages of it, so I'll be done shortly.

MS. BLAS: Okay.

BY MS. SPIELMAN:

Q. Ms. Bradley, have you found that page? It

1 begins Recommended Action number 3a.

4	Q.	Oh.
---	----	-----

5 A. 187844 you said, right?

6 Q. That's right.

7           A.     One more.  I think I got there.

[illegible]

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[REDACTED]

MS. BLAS: Objection, calls for

speculation.

Go ahead.

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[REDACTED]

MS. BLAS: Objection, vague, calls  
for speculation.

You can answer.

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1 MS. BLAS: Objection, vague.

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23 MS. BLAS: Objection, calls for  
speculation, lacks foundation.

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22 MS. BLAS: Objection, lacks  
23 foundation, calls for speculation, calls for  
24 expert testimony.

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## LD, DB, BW, RH v. United Healthcare Insurance Comp

Page 152

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MS. BLAS: Object --

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MS. SPIELMAN: Okay.

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THE COURT REPORTER: Lauren, did you

10

say...

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MS. BLAS: Objection, asked and

12

answered, but that's fine.

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MS. SPIELMAN: I don't have any more

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questions about that document. So if you guys

15

want to take a break for lunch now, we can do

16

that.

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THE VIDEOGRAPHER: We are going off

18

the record.

19

Time now is 1:05.

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(Off the record 1:05 to 1:42.)

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THE VIDEOGRAPHER: We are back on

22

the record.

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The time is 1:42.

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MS. BLAS: Objection, vague.

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MS. BLAS: Objection, asked and  
answered.

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MS. BLAS: Objection, vague, lacks  
foundation, calls for speculation.

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MS. BLAS: Objection, calls for  
speculation, lacks foundation.

You can answer.

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[REDACTED]

MS. BLAS: Objection to the extent

it calls for speculation.

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MS. BLAS: Objection, vague, lacks  
foundation.

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■ [REDACTED]

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MS. BLAS: Objection, vague, assumes  
facts, calls for speculation.

[REDACTED]

[REDACTED]

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[REDACTED]

■ [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1 MS. BLAS: Objection, vague, calls  
2 for speculation.

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MS. BLAS: Objection, vague.

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[REDACTED]

[REDACTED]

[REDACTED].

MS. SPIELMAN: I want to take a look at an exhibit here. And it's going to be -- if I can find it. Okay. So this will be Exhibit 8. And it is Bates stamped UHC 5289.

(Exhibit Number 8 marked for identification.)

BY MS. SPIELMAN:

Q. Ms. Bradley, are you able to view that document on your screen?

A. (Views document.) Yes, I can.

Q. And have you ever seen this document before?

A. Not this particular one, but I have seen documents similar.

Q. Okay. And can you describe this document for us, please?

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

A. It appears that the service on this date was outpatient services, but to the detail of the outpatient service I can't tell from this document.

Q. Okay. And what were the dates of service?

A. Date of service was 10/9 of 2019. Looks like on the second one, 10/7/2019.

Q. And then there's a Note column. And it appears that there's a notation under the Note column. Are you able to tell what that notation means?

A. I just see the letters NJ; N, as in Nancy, J, as in John.

Q. And do you know what that notation NJ means?

A. Off the top of my head, no, unless there's a reference to it below on the EOB. Typically with remark codes or notes there's some sort of reference to that.

Q. Okay. And then the amount billed here was \$4,132.81. And the amount allowed was also



1       \$4,132.81. And it looks like the plan paid the  
2       entire billed amount. Does that look accurate  
3       to you?

4       A. From review of the document, yes, that's  
5       what it appears to be.

6       Q. And from reviewing this document, does it  
7       appear that this claim was processed through  
8       the Viant facility R&C program?

9       A. I wouldn't be able to tell from this  
10      document. I would have to look at other  
11      information to be able to tell that.

12     Q. Okay. What other information would you  
13     have to look at?

14     A. We'd need to know what the plan had set up  
15     for out-of-network programs, if the claim  
16     routed to the out-of-network programs for  
17     initial pricing, and then what that pricing  
18     would have returned as with an applicable  
19     remark code.

20     Q. Okay. And are you able to tell from this  
21     EOB or PRA whether it's in network or out of  
22     network?

23     A. No. From what we're looking at here you  
24     can't tell. Typically you could see that in  
25     the remark code response if there is any or any

1 notes. On a lower portion of the EOB would  
2 tell you if you sought treatment from an  
3 in-network or out-of-network provider.

4 Q. Okay.

5 MS. SPIELMAN: I'm going to mark  
6 another exhibit momentarily.

7 (Exhibit Number 9 marked for  
8 identification.)

9 BY MS. SPIELMAN:

10 Q. The document's just been uploaded. Okay.  
11 It looks like he's got it up on the screen for  
12 you now. Are you able to see that Exhibit 9?  
13 Do you need it zoomed in?

14 A. (Views document.) Yeah.

15 THE WITNESS: If you could make it a  
16 little larger, that would be helpful. And I do  
17 see that it's marked Exhibit 9.

18 BY MS. SPIELMAN:

19 Q. And it's Bates stamped UHC 5105 and 5104.

20 A. 104, yep.

21 Q. So do you recognize this document?

22 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

8 MS. SPIELMAN: And so I want to pull  
9 up another exhibit now. And this will be  
10 Exhibit 10.

11 (Exhibit Number 10 marked for  
12 identification.)

13 BY MS. SPIELMAN:

14 Q. Should be available now. Okay. It looks  
15 like the document is up on the screen. Feel  
16 free to take a moment to scan through that and  
17 let me know when you've finished.

18 THE WITNESS: Can we blow it up just  
19 a little bit? (Views document.) Okay. You  
20 can scroll down. Is there anything beyond the  
21 bottom of the page?

22 MR. SACK: Five-page exhibit.

23 THE WITNESS: Okay. Which I think  
24 is the remainder of the explanation of  
25 benefits. We can get there if there's

1 questions regarding it.

2 BY MS. SPIELMAN:

3 Q. Okay.

4 A. Okay.

5 Q. All right. Do you recognize Exhibit 10?

6 A. I do. It's an explanation of benefits.

7

8 Q. And what is the service and service dates  
9 detailed in this explanation of benefits?

10 THE WITNESS: So if you go down just  
11 a little bit to the actual EOB. Little bit  
12 more to the description there. Okay. Right  
13 there.

14 So per the explanation of benefits,

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MS. BLAS: Objection to the extent

it calls for speculation.

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MS. BLAS: Objection, calls for  
speculation, lacks foundation.

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MS. BLAS: Objection, calls for  
speculation.

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9 MS. BLAS: Objection to the extent  
10 it misstates testimony.

11 [REDACTED]

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21 MS. BLAS: Objection to the extent  
22 it misstates the document, calls for  
23 speculation.

24 [REDACTED]

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MS. BLAS: Objection, calls for speculation.

MS. BLAS: Objection to the extent  
it calls for speculation.

You can answer.

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MS. SPIELMAN: I'm going to  
introduce another exhibit. And this is going  
to be marked as Exhibit 11. And it's Bates  
stamped PLD 1511 and 1512.

(Exhibit Number 11 marked for  
identification.)

1 BY MS. SPIELMAN:

2 Q. Take a moment to scan through that and let  
3 me know when you've had a chance.

4 A. (Views document.)

5 THE WITNESS: Can you go back up  
6 just to the bottom paragraph on the last page?  
7 There you go. (Views document.) Okay.

8 BY MS. SPIELMAN:

9 Q. Okay. Do you recognize the document,  
10 Exhibit 11?

11 A. I do.

12 Q. And what is it?

13 A. Appears to be a patient advocacy letter  
14 advising the patient we received and priced a  
15 claim from this provider, Summit, and what the  
16 billed charges are, what the allowed amount  
17 was, and advising them that they may be  
18 responsible if the provider bills them an  
19 amount over what we allowed.

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MS. BLAS: Objection to the extent

it calls for speculation.

Go ahead.

[REDACTED]

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BY MS. SPIELMAN:

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Q. And who sends out the patient advocacy

12

letter?

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MS. BLAS: Objection, vague.

14

THE WITNESS: The patient advocacy

15

letters are sent -- with respect to any claim

16

priced by Viant, Viant would send that letter

17

out after they've priced a claim.

18

BY MS. SPIELMAN:

19

Q. And who sends out the EOB documents?

20

A. The EOB documents are generated -- when

21

United processes the claims, they're sent by

22

United.

23

Q. Okay. And who drafted the language on the

24

patient advocacy letters?

25

MS. BLAS: Objection to the extent

1 it calls for speculation.

2 THE WITNESS: I'm not sure who  
3 specifically was involved in that. I'm certain  
4 that, as other things, Viant/MultiPlan would  
5 have a recommended template for their patient  
6 advocacy, but that would go through an approval  
7 process on the United side with legal and  
8 communications team to ensure that it's written  
9 at the proper level for understanding for our  
10 members and that it, you know, meets any legal  
11 requirements from the United standpoint.

12 BY MS. SPIELMAN:

13 Q. And were you or anyone on your team  
14 involved in drafting or approving the patient  
15 advocacy letter language?

16 A. No, we were not.

17 MS. SPIELMAN: You can take that  
18 exhibit down.

19 BY MS. SPIELMAN:

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[REDACTED]

22 MS. BLAS: Objection, vague, lacks  
23 foundation, calls for speculation.

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MS. BLAS: Objection, vague.

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3 BY MS. SPIELMAN:

4 Q. And is there a name for FAIR Health's new  
5 program?6 A. I just know it to be an allowed module or  
7 eligible module versus billed charge module.8 MS. SPIELMAN: I'm going to  
9 introduce another exhibit here. And I think  
10 this one we'll probably need to email to  
11 Ms. Bradley. I'm actually going to introduce  
12 two versions of it because one is native.13 (Exhibit Numbers 12 and 13 marked  
14 for identification.)15 THE VIDEOGRAPHER: Ms. Bradley, if  
16 you could bring your camera down a little bit,  
17 that would be helpful. Thank you.

18 BY MS. SPIELMAN:

19 Q. So I just introduced two exhibits, 12 and  
20 13. One is the native PowerPoint and one is  
21 the pdf. The pdf is just a little hard to  
22 read, so I wanted to introduce the native  
23 version.24 MS. SPIELMAN: Brian, do you see the  
25 Exhibit 12 coming through yet?

1 MR. SACK: I see 12, but I don't see  
2 13.

3 MS. SPIELMAN: Yeah, 13 is still  
4 uploading.

5 MR. SACK: Would you like me to  
6 display the PowerPoint?

7 MS. SPIELMAN: I think if you could  
8 email the PowerPoint version to Ms. Bradley,  
9 that would make it easier.

10 MR. SACK: Stand by.

11 MS. SPIELMAN: Thanks.

12 MR. SACK: Exhibits 12 and 13 have  
13 been emailed to Ms. Bradley.

14 MS. SPIELMAN: Thank you.

15 BY MS. SPIELMAN:

16 Q. Ms. Bradley, just let me know when it  
17 comes through your email.

18 A. That just came through.

19 Q. Okay.

20 A. Let me get them both open here.

21 Q. I would just open the PowerPoint one  
22 because it's really hard to read the --

23 A. Okay.

24 Q. -- pdf. I just --

25 A. The pdf.

1 Q. -- put that in the record.

2 A. Okay. Okay. That has opened.

3 Q. Okay.

4 MS. SPIELMAN: So this PowerPoint  
5 has been marked as Exhibit 12, and it is the  
6 native version of a document beginning Bates  
7 number UHC 17073. And that pdf version of the  
8 same document has been marked as Exhibit 13.

9 BY MS. SPIELMAN:

10 Q. Ms. Bradley, have you ever seen this  
11 PowerPoint presentation before?

12 A. (Views document.) I may have. In just  
13 looking through it, some of the slide  
14 information looks familiar, but the -- some of  
15 it does not, so...

16 Q. And do you know who prepared this  
17 PowerPoint presentation?

18 A. I do not. And it doesn't look like  
19 there's anybody's name tied to it that I can  
20 see.

21 Q. Were you involved in preparing it at all?

22 A. No, not that I recall. If anything, you  
23 know, maybe components of it, but not -- I  
24 don't recall anything that I've actually  
25 prepared in a deck format for this.

1 Q. Okay. And if you turn to the sort of --  
2 we'll call it the second page of the  
3 PowerPoint, not the title page, but the second  
4 page that has that Executive Summary on there,  
5 in the bottom left-hand quadrant it says

6 [REDACTED]  
7 [REDACTED]  
8 [REDACTED]  
9 [REDACTED]  
10 [REDACTED]  
11 [REDACTED]  
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20 MS. BLAS: Objection, vague, lacks  
21 foundation, calls for speculation.

22 [REDACTED]  
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[REDACTED]



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MS. BLAS: Objection, calls for

speculation.

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MS. BLAS: Objection to the extent  
it calls for speculation.

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MS. BLAS: Objection, vague, calls  
for speculation.

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MS. BLAS: Objection, vague, assumes

facts, calls for speculation.

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MS. BLAS: Objection, vague.

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Q. Okay.

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MS. SPIELMAN: Okay. You can take

5

that exhibit down.

6

BY MS. SPIELMAN:

7

Q. What is Naviguard?

8

A. I'm sorry, Katie.

9

MS. BLAS: Objection, vague.

10

THE WITNESS: I'm sorry. You cut

11

out. The beginning of that cut out, Katie.

12

BY MS. SPIELMAN:

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MS. BLAS: Objection, vague, assumes

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MS. BLAS: Objection, calls for

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speculation, lacks foundation.

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MS. BLAS: Objection to the extent  
it calls for speculation, lacks foundation.

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1 THE WITNESS: I don't believe they  
2 do at this time.

3 [REDACTED]

4 [REDACTED]

5 [REDACTED]

6 MS. BLAS: Same objection.

7 [REDACTED]

8 [REDACTED]

9 [REDACTED]

10 [REDACTED]

11 [REDACTED]

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14 [REDACTED]

15 [REDACTED]

16 [REDACTED]

17 [REDACTED]

18 [REDACTED]

19 [REDACTED]

20 [REDACTED]

21 MS. SPIELMAN: Do you want to take a  
22 quick five-minute break now? I'm certainly  
23 nearing the end here.

24 THE WITNESS: Sure.

25 THE VIDEOGRAPHER: We are going off

1 the record.

2 Time now is 2:49.

3 (Off the record 2:49 to 3:01.)

4 THE VIDEOGRAPHER: We are back on  
5 the record. This is the start of media  
6 number 5.

7 The time is 3:01.

8 (Exhibit Number 14 marked for  
9 identification.)

10 BY MS. SPIELMAN:

11 Q. All right, Ms. Bradley. I introduced  
12 another exhibit, and this one has been marked  
13 as Exhibit 14. It's -- should be up on the  
14 screen for you now. And this is Bates stamped  
15 PLD 808 through 815. Go ahead, take a look at  
16 that and let me know if you recognize this  
17 document or this type of document.

18 A. (Views document.)

19 THE WITNESS: Can you go back to  
20 that bigger version you had up? Sorry. There  
21 we go. (Views document.) Okay. I do  
22 recognize this to be a provider remittance  
23 advice.

24 BY MS. SPIELMAN:

25 Q. And then if you scroll down to page 5, it

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[REDACTED]

MS. SPIELMAN: You can go back up, I think, up to page 5.

BY MS. SPIELMAN:

Q. So earlier, Ms. Bradley, when we were looking at those EOBs marked as Exhibit 8 and 10, you said, you know, it was -- you would need to see more information in order to sort of decipher what that NJ remark code meant in the context of these bills from Summit Estate. And so now looking at Exhibit 14 here, on page 5 there's a service line detail for a charged amount of \$3,122.25 and then an allowed amount.

A. I do see that. 3,122.25.

Q. And then the allowed amount is the same, \$3,122.25. And that's for, I guess, the service code H2036.

A. Okay.


Q. And the remark/notes over on the far right-hand column are HR and NJ.

A. Okay. So if you go to the bottom, there should be a notes section that defines HR and NJ lower in this provider remittance advice.

MS. SPIELMAN: So can you scroll

1 down to page 6?

2 THE WITNESS: Okay. So it appears  
3 that the NJ remark codes -- we're looking at a  
4 different date of service, different claim --  
5 or same member, right, different date of  
6 service than we were originally, but I think  
7 where you're going with this is that on this

8   
9 addition to the HR on the claim, and that NJ  
10 description is that the claim was processed  
11 using the plan out-of-network benefits.  
12 Network benefits are only available when  
13 services are from a provider that's in your  
14 plan's network. It's a very generic code not  
15 typically used by our out-of-network program  
16 team. It just is basically saying that they  
17 went to an out-of-network provider and  
18 out-of-network benefits were used.

19 BY MS. SPIELMAN:

20 Q. Okay. And so then scrolling back up to  
21 page 5. At the bottom of page 5 there is a  
22 line entry for the service code H0015 from the  
23 same provider where the charge is 2,156.25.  
24 And the allowed amount is \$344.15, and the  
25 remark code is CY. And so my question is: Why

1           were these two claims, the H2036 and the H0015,  
2           from the same provider to the same patient  
3           priced differently?

4 MS. BLAS: Objection to the extent  
5 it calls for speculation, lacks foundation.

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MS. BLAS: Objection, vague, calls

for speculation.

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MS. SPIELMAN: Okay. You can take  
that document down. Thank you.

I want to mark another exhibit.  
Bear with me.

(Exhibit Number 15 marked for  
identification.)

BY MS. SPIELMAN:

Q. Okay. It should be in now. Ms. Bradley,  
are you able to see the document marked  
Exhibit 15 on your screen?

A. (Views document.) I can.

1 Q. Do you recognize this document?

2 A. I recognize that it's an email. Appears

3 [REDACTED]

4 [REDACTED]

5 [REDACTED]

6 [REDACTED]

7 [REDACTED]

8 [REDACTED]

9 Q. And when would these meetings occur?

10 A. They're on Wednesdays. I think it's

11 either every Wednesday or every other

12 Wednesday.

13 Q. And do you participate in these meetings  
14 every Wednesday?

15 A. In some of them, not all of the meetings,  
16 depending on the topics on the agenda, if there  
17 was anything related to out-of-network programs  
18 from an operations standpoint that needed to be  
19 discussed.

20 [REDACTED]

21 [REDACTED]

22 [REDACTED]

23 [REDACTED]

24 MS. BLAS: Objection, form.

25 [REDACTED]

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BY MS. SPIELMAN:

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Q. And what topics are typically discussed at these meetings? Let me back up. Is there a name for these meetings, like, committee or something like that?

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A. I don't think there is a formal name for them, no.

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Q. Okay. What topics are typically discussed at them?

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[REDACTED]

MS. BLAS: Objection, vague, lacks  
foundation.

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MS. BLAS: Objection to the extent  
it calls for speculation.

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MS. BLAS: Objection, vague, calls

12

for speculation.

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MS. BLAS: Objection to the extent

it calls for speculation.

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MS. BLAS: Objection, vague.

Go ahead.

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█ [REDACTED]

1	MS. BLAS: Objection, vague.
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3 Q. Let me rephrase that. How does a member  
4 get in touch with Naviguard?

Rank	Country	Percentage
1	United States	95%
2	Germany	85%
3	France	78%
4	United Kingdom	72%
5	Italy	68%
6	Spain	65%
7	Japan	62%
8	Canada	60%
9	Sweden	58%
10	Australia	55%
11	South Korea	52%
12	India	50%
13	China	48%
14	Brazil	45%
15	India	42%
16	United States	40%
17	Germany	38%
18	France	35%
19	United Kingdom	32%
20	Italy	30%

1 Q. And, you know, in your experience, do  
2 people who elect sort of PPO plans or plans  
3 with rich out-of-network benefits, is part of  
4 the reason there because they value that  
5 flexibility to be able to see the provider of  
6 their choice regardless of the in-network or  
7 out-of-network status?

8 MS. BLAS: Objection, vague, calls  
9 for speculation, assumes facts.

10 THE WITNESS: From my understanding  
11 and perspective and what I've seen with  
12 out-of-network claims, most of the time the  
13 member doesn't realize or recognize how they  
14 get to an in-network provider, just may be  
15 familiar with that provider for a very long  
16 time and continue to see that provider. They  
17 don't know how changing to a network provider  
18 may affect them.

19 BY MS. SPIELMAN:

20 Q. Are you aware that some members make a  
21 conscious choice to see out-of-network  
22 providers?

23 A. That may happen. And, you know, that is  
24 part of the design of the plan. They have both  
25 in-network and out-of-network benefits. If

1       they choose to go out of network, you know,  
2       they're making that choice based upon the fact  
3       that they know and understand any time you seek  
4       treatment from an out-of-network provider,  
5       you're out-of-pocket expense will be higher.

6       Q.     And does United charge higher premiums for  
7       PPO plans that allow members to go out of  
8       network --

9                     MS. BLAS:   Object to --

10       BY MS. SPIELMAN:

11       Q.     -- when they have plans that are  
12       restricted to in-network providers?

13                    MS. BLAS:   Object to the extent it  
14       calls for speculation, assumes facts.

15                    THE WITNESS:   Premiums are not  
16       really my expertise.   That would be more an  
17       underwriting question, but I'm not familiar  
18       with how the different plan types are charged  
19       out from a premium perspective.

20       BY MS. SPIELMAN:

21       [REDACTED]  
[REDACTED]       [REDACTED]  
[REDACTED]       [REDACTED]  
[REDACTED]               [REDACTED]  
[REDACTED]       [REDACTED]

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MS. BLAS: Objection to the extent  
or speculation.

You can answer.

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

7

MS. BLAS: Objection to the extent

8

it misstates testimony.

9

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

21

MS. BLAS: Objection to the extent

22

it calls for speculation.

23

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

8 BY MS. SPIELMAN:

9 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

13 MS. BLAS: Objection, assumes facts,  
14 calls for speculation, lacks foundation.

15 [REDACTED]

[REDACTED]

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MS. BLAS: Objection, vague, calls

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for speculation.

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[REDACTED]

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[REDACTED]



1 [REDACTED] ?

2 MS. BLAS: Objection, vague, calls  
3 for speculation, incomplete hypothetical.

4 [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

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■ [REDACTED]

■ [REDACTED]

15 MS. BLAS: Objection, vague, lacks  
16 foundation, asked and answered, calls for  
17 speculation.

18 [REDACTED]

■ [REDACTED]

■ [REDACTED]

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■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED].

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MS. BLAS: Objection, vague, assumes

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facts, calls for speculation.

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[REDACTED]

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[REDACTED]

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[REDACTED]

1 MS. BLAS: Is there a question,  
2 Counsel?

3 BY MS. SPIELMAN:

4 [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

8 MS. BLAS: Objection, vague, calls  
9 for speculation.

10 [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

16 MS. BLAS: Objection, vague, calls  
17 for speculation.

18 [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
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25 MS. BLAS: Objection, calls for

1	speculation, assumes facts.
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[REDACTED]

█ [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

█ [REDACTED]

[REDACTED]

[REDACTED]f the pricing through the facility R&C

program?

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[REDACTED]

[REDACTED]

[REDACTED]



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[REDACTED]

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[REDACTED]

[REDACTED]

MS. BLAS: Objection based on it

misstates testimony.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

MS. BLAS: Objection to the extent

1 it calls for speculation, vague.

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14 MS. BLAS: Objection, vague.

15 [REDACTED]

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[REDACTED]

MS. BLAS: Objection to the extent  
it calls for speculation.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

MS. BLAS: Objection, vague and  
calls for speculation.

You can answer.

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

MS. BLAS: Objection to the extent  
it calls for speculation.

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1 MS. BLAS: Objection, vague,  
2 misstates testimony, calls for speculation.

Horizontal bar chart showing the percentage of respondents who believe that the government should do more to protect the environment. The chart displays two categories: 'Yes' (represented by black bars) and 'No' (represented by white bars). The data is as follows:

Response	Percentage
Yes	3%
No	97%

15 MS. BLAS: Objection, vague, calls  
16 for speculation.

17 THE WITNESS: Sorry. My headset  
18 just died.

19 MS. SPIELMAN: That's okay.

20

Response	Percentage
Yes	20
No	80

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MS. BLAS: Objection to the extent  
it calls for speculation.

BY MS. SPIELMAN:

Q. All right.

MS. SPIELMAN: Let me take a minute  
and look at my notes. I might be close to  
wrapping up here. Can we go off the record?

THE VIDEOGRAPHER: We are going off  
the record.

Time now is 3:45.

(Off the record 3:45 to 3:56.)

THE VIDEOGRAPHER: We are back on  
the record.

The time is 3:56.

MS. SPIELMAN: Ms. Bradley, I don't  
have any more questions for you today. Thank



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█ [REDACTED]

MR. CROUSILLAC: Okay. That's all I had. Thank you, Ms. Bradley.

THE WITNESS: You're welcome.

EXAMINATION

BY MS. BLAS:

Q. Hi, Ms. Bradley, just a question or two for you. About how often does the claim process using Viant facility R&C end up being negotiated?

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

MS. BLAS: Thank you. That's all I had.

THE WITNESS: You're welcome.

THE VIDEOGRAPHER: Anything else?

MS. SPIELMAN: No, nothing from me.

THE VIDEOGRAPHER: This concludes today's deposition.

The time now is 3:59 p.m.

(Deposition concluded at 3:59 p.m.)

\*\*\*\*\*

## REPORTER'S CERTIFICATE

STATE OF MINNESOTA )  
 ) ss.  
COUNTY OF HENNEPIN )

I hereby certify that I reported the remote deposition of Jolene Bradley on Wednesday, July 6, 2022 in Maple Grove, Minnesota, and that the witness was by me first duly sworn to tell the whole truth;

That the testimony was transcribed by me and is a true record of the testimony of the witness;

That the cost of the original has been charged to the party who noticed the deposition, and that all parties who ordered copies have been charged at the same rate for such copies;

That I am not a relative or employee or attorney or counsel of any of the parties, or a relative or employee of such attorney or counsel;

That I am not financially interested in the action and have no contract with the parties, attorneys, or persons with an interest in the action that affects or has a substantial tendency to affect my impartiality;

That the right to read and sign the deposition transcript by the witness was reserved.

WITNESS MY HAND AND SEAL THIS 20th day of July, 2022.



Dana S. Anderson-Linnell  
Notary Public, Hennepin County, MN  
My commission expires 1/31/2025



## LD, DB, BW, RH v. United Healthcare Insurance Comp

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1 To: Jolene Bradley

2 Re: Signature of Jolene Bradley

3 Date Errata due back at our offices: 30 days

4  
5 Greetings:

6 The deponent has reserved the right to read and sign.

7 Please have the deponent review the deposition  
8 transcript, noting any changes or corrections on the  
9 attached Errata.

10 Once the Errata is signed by the deponent and notarized,  
11 please mail it to the address below. When the signed  
12 Errata is returned to us, we will seal and forward to the  
13 hiring attorney for filing with the court.

14 We will also send copies of the Errata to all ordering  
15 parties.

16 If the signed Errata is not returned by the date  
17 above, the original transcript may be filed with the  
18 court without the signature of the deponent.

19  
20 Please send completed Errata to:

21 Veritext Production Facility

22 20 Mansell Court, Suite 300

23 Roswell, GA 30076

24 litsup-ga@veritext.com

25 770-343-9696

## LD, DB, BW, RH v. United Healthcare Insurance Comp

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## ERRATA

I, the undersigned, do hereby certify that I have read the transcript of my testimony, and that

\_\_\_There are no changes

\_\_\_The following changes are noted:

Pursuant to the governing rules of Civil Procedure, any changes in form or substance which you desire to make to your testimony shall be entered upon the deposition with a statement of the reasons given for making them. To assist you in making any such corrections, please use the form below. If additional pages are necessary, please furnish same and attach.

Page \_\_\_\_\_ Line \_\_\_\_\_ Change \_\_\_\_\_

Reason for Change \_\_\_\_\_

Page \_\_\_\_\_ Line \_\_\_\_\_ Change \_\_\_\_\_

Reason for Change \_\_\_\_\_

Page \_\_\_\_\_ Line \_\_\_\_\_ Change \_\_\_\_\_

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My commission expires: \_\_\_\_\_

[&amp; - 4,132.81.]

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.



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COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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